

Exhibit P

Exhibit B

PLAINTIFF'S MOTION TO PARTIALLY EXCLUDE THE EXPERT REBUTTAL TESTIMONY OF LINDSAY ORCHOWSKI, PH.D.

November 11, 2025

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

SAN FRANCISCO DIVISION

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IN RE: UBER TECHNOLOGIES, INC.,
PASSENGER SEXUAL ASSAULT LITIGATION

Case No. 24-cv-7940 (B.L.)
Case No. 24-cv-7821 (A.R.2)
Case No. 24-cv-7019 (LCHB128)
Case No. 23-cv-6708 (Dean)
Case No. 24-cv-4900 (WHB 832)
-----X

*** HIGHLY CONFIDENTIAL ***

VIDEOTAPED DEPOSITION

OF

LINDSAY ORCHOWSKI, PH.D.

TUESDAY, NOVEMBER 11, 2025

HELD REMOTELY

Reported by:
CANDIDA BORRIELLO
Stenographic Reporter
JOB NO. 7005600-001

November 11, 2025

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DATE: November 11, 2025

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TIME: 9:03 a.m. (Eastern Time)

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Deposition of LINDSAY ORCHOWSKI, PH.D., held

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REMOTELY, before Candida Borriello, Court

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Reporter and Notary Public of the State of

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New York.

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November 11, 2025

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2 A P P E A R A N C E S:

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Appearing on Behalf of MDL Plaintiffs:

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18

19

Appearing on Behalf of Uber Defendants
and the Witness:

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KIRKLAND & ELLIS LLP
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(Appearances continued on next page.)

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2 A P P E A R A N C E S: (Continued)

3

4 ALSO PRESENT:

5

MJ ZIMDAHL, Videographer

6

LANCE HOEPPNER, Trial Technician

7

REENEE GANGOPADHYAY, Paralegal

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Chaffin Luhana LLP

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THE VIDEOGRAPHER: Good morning.

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We are going on the record today at

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14:03 UTC time on November 11, 2025.

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Audio and video recording will

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continue to take place until all

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parties agree to go off the record.

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Please note that microphones are

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sensitive and may pick up whispering

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and private conversations.

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This the video recorded proceeding

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of Dr. Lindsay Orchowski taken in the

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matter of In Re: Uber Technologies,

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Inc., Passenger Sexual Assault

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Litigation. This proceeding is being

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held via remote videoconference.

17

My name is MJ Zimdahl, and I'm a

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videographer on behalf of US Legal

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Support. I'm not related to any party

20

in this action, nor am I financially

21

interested in the outcome.

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The court reporter is Candida

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Borriello, also on behalf of US Legal

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Support.

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Counsel will state their

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appearances for the record, after
which the court reporter will enter
the statement for remote proceedings
into the record and swear in the
witness.

MS. LUHANA: Roopal Luhana,
Chaffin Luhana, for the MDL
plaintiffs.

MR. SWEET: Michael Sweet, Chaffin
Luhana, MDL plaintiffs.

MS. CARITIS: Alexandra Caritis,
Kirkland & Ellis, for Uber defendants
and the witness.

MR. ROTMAN: Steve Rotman, MDL
plaintiffs, Hausfeld.

MS. GANGOPADHYAY: Reenee
Gangopadhyay, paralegal at Chaffin
Luhana for plaintiffs.

L I N D S A Y O R C H O W S K I,
called as a witness, having been
duly sworn by a Notary Public,
was examined and testified as
follows:

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1 L. Orchowski - Highly Confidential

2

3 EXAMINATION BY

4 MS. LUHANA:

5 Q. Good morning, Dr. Orchowski. My
6 name is Roopal Luhana. I'll be asking you
7 questions today on behalf of the MDL
8 plaintiffs.

9 Can you please state your full
10 name?

11 A. Yes, Lindsay Marie Orchowski.

12 Q. Have you ever been deposed before,
13 Doctor?

14 A. No, this would be my first
15 experience here. There was a time in
16 graduate school where I was in a clinical
17 psychology practicum and one of the reports
18 that I wrote for one of the children I was
19 assessing was included in a legal proceeding.
20 So I was on the stand in that case, but I
21 don't believe it was a deposition.

22 Q. But you gave testimony there. So
23 have you ever given testimony in court other
24 than that experience in grad school?

25 A. No.

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1 L. Orchowski - Highly Confidential

2 Q. So if I -- I just want to run
3 through the ground rules of this deposition
4 so we're all clear. If I ask you a question
5 and you don't understand the question, please
6 let me know and I'll do my best to rephrase
7 it, okay?

8 And if you answer my question, I
9 will assume you understood the question; is
10 that fair?

11 A. Sounds good.

12 Q. And that's another important thing,
13 you nodded your head previously, all your
14 responses have to be verbal so the court
15 reporter can take that down, okay?

16 A. Thank you.

17 Q. So please make sure I finish --
18 wait until I finish with my question until
19 you answer. And let's do our best not to
20 talk over one another so we have a clear
21 record.

22 Does that make sense?

23 A. Sounds good.

24 Q. And so -- and during the
25 deposition, you understand you're not

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1 L. Orchowski - Highly Confidential
2 permitted to have any other open devices with
3 you?

4 THE COURT REPORTER: You nodded
5 again.

6 THE WITNESS: Okay. I'm gonna get
7 used to that.

8 A. Yes.

9 Q. So asides from the computer that
10 you're on, the laptop you're on, and your
11 phone, are there any other electronic devices
12 with you?

13 A. No. And I've just turned my phone
14 over.

15 Q. Okay. And you understand that
16 you're not allowed to communicate with your
17 attorneys via your phone during the
18 deposition?

19 A. Yes.

20 Q. Doctor, have you prepared any notes
21 with you that you've brought with you today?

22 A. I have a copy of the report that
23 I've written with me and I also have a copy
24 of the report that I've reviewed.

25 Q. And what report is that that you've

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1 L. Orchowski - Highly Confidential

2 reviewed?

3 A. The report by Dr. Valliere.

4 Q. Doctor, do you read the news?

5 A. I do.

6 Q. What newspapers do you read?

7 A. Generally what comes to my feed on
8 Apple News.

9 Q. Okay. And any other newspapers
10 asides from what you received from your feed
11 in Apple News?

12 A. I receive some magazines, so I have
13 a magazine from Dartmouth College that I
14 receive. I have the APA Monitor that I
15 receive, it's like a publication for
16 psychologists that comes to me.

17 Q. Do you read the New York Times?

18 A. From time to time when it comes up
19 on my news feed.

20 Q. Okay. Doctor, would you agree that
21 sexual assault has far-reaching consequences
22 for victims?

23 MS. CARITIS: Objection. Form.

24 Scope.

25 Q. You can answer.

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2 A. The statement that sexual assault
3 has far-reaching consequences for victims is
4 often something that is written in scientific
5 publications.

6 Q. Well, my question is different. My
7 question is: Would you agree that sexual
8 assault has far-reaching consequences for
9 victims?

10 MS. CARITIS: Same objections.

11 And Doctor, just so you know, when
12 I object, except for privilege, if I
13 object to form or something along
14 those lines, you can still answer
15 Ms. Luhana's objection [sic]. Thank
16 you for pausing to allow me to object,
17 but you -- you're free to answer after
18 I've made that objection for the
19 record.

20 THE WITNESS: Okay. Thank you.

21 (Audio distortion.)

22 THE COURT REPORTER: There's a
23 little bit of audio distortion.
24 There's a little bit of audio
25 distortion, I can't hear the witness.

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2 THE WITNESS: I'll try that again.

3 A. So for many individuals who
4 experience sexual victimization, there could
5 be a number of consequences.

6 Q. Okay. You'd agree that the
7 psychological consequences associated with
8 sexual assault are wide-ranging including
9 symptoms of post-traumatic stress disorder?

10 MS. CARITIS: Form and scope.

11 A. Yeah. So the text that you're
12 referring to sounds like text that is
13 commonly discussed in research articles
14 citing the psychological consequences of
15 sexual assault.

16 Q. My question is slightly different.
17 My question is, do you agree that
18 the psychological consequences associated
19 with sexual assault are wide-ranging,
20 including symptoms of post-traumatic stress
21 disorder?

22 MS. CARITIS: Form and scope.

23 A. The psychological consequences of
24 sexual assault for some individuals indeed
25 can include post-traumatic stress disorder as

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2 well as other consequences.

3 Q. Doctor, would you agree that the
4 response to trauma is highly individual and
5 that there is no single pattern or formula?

6 MS. CARITIS: Objection. Form.
7 Scope.

8 A. That also sounds like another
9 commonly discussed component of trauma that's
10 in the scientific literature that reactions
11 to traumatic experiences can really vary.
12 There's really no one pathway.

13 Q. So Doctor, I understand you're
14 referring to literature, but these questions
15 I'm asking you in your professional capacity
16 as an expert here.

17 And so my question once again would
18 be, would you agree that the response to
19 trauma is highly individual and that there is
20 no single pattern or formula?

21 MS. CARITIS: Same objections.

22 A. So it would be of my professional
23 opinion that the responses to trauma do vary.

24 Q. Trauma, especially PTSD symptoms,
25 can include avoidance and emotional numbing,

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2 including complications of sexual

3 functioning.

4 Would you agree with that?

5 MS. CARITIS: Form. Scope.

6 A. Could you repeat the question?

7 Q. Sure.

8 Trauma, especially PTSD symptoms,

9 can include avoidance and emotional numbing

10 including complications in sexual

11 functioning?

12 MS. CARITIS: Same objections.

13 A. Yeah, I'm a bit confused by the

14 phrasing of the question because PTSD itself

15 isn't a form of trauma, but rather a

16 psychological diagnosis.

17 Q. But would you agree with that

18 statement in how it's framed?

19 MS. CARITIS: Form. Scope. She

20 just said she didn't.

21 Q. Doctor, are you aware that you had

22 posted -- you were a guest speaker on a talk

23 for the 82nd Combat Aviation Brigade.

24 Do you recall that in 2021?

25 A. Can you provide the place of that

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1 L. Orchowski - Highly Confidential

2 presentation?

3 Q. Sure. It was on YouTube and the
4 talk was called What Works in Sexual Assault
5 Prevention.

6 Do you recall that talk?

7 A. What was the location of the talk?

8 Q. It was for the 82nd Combat Aviation
9 Brigade and you did a talk via Zoom.

10 A. Oh, so this was a Zoom presentation
11 for Pegasus Priority Initiative.

12 Q. I believe so. Do you recall that
13 talk?

14 A. It's been a while since the
15 presentation and I haven't watched it via
16 YouTube, but that does sound like something
17 that I've done on my CV.

18 Q. Okay. So I will represent that's a
19 direct quote from something you presented at
20 that talk where you said:

21 Trauma, especially PTSD symptoms,
22 can include avoidance and emotional numbing,
23 including complications and sexual
24 functioning.

25 So would you agree with that

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2 statement today?

3 MS. CARITIS: Form. Scope.

4 A. So I think if I could go back in
5 time, and I had a really lovely ability to
6 have the most clear statements while I'm
7 giving a talk, I would reword that to be a
8 bit more specific in my words.

9 We talk about PTSD, that's a
10 psychological diagnosis. And trauma
11 specifically can include a lot of different
12 after-effects including PTSD, including
13 things like difficulties in sexual
14 functioning.

15 So if I could reword that talk, I
16 think I would've been more precise.

17 Q. And what would you say? Would you
18 say trauma can include avoidance and
19 emotional numbing, including complications in
20 sexual functioning?

21 MS. CARITIS: Objection. Form.

22 Scope.

23 A. Again, if I could go back and
24 reword that to be more precise, I would talk
25 about the symptoms of things like PTSD,

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2 including numbing and avoidance and also
3 consequences of trauma including symptoms
4 such as difficulties in sexual functioning.

5 Q. Can you discuss what other symptoms
6 of trauma you're aware of?

7 MS. CARITIS: Objection. Form.

8 Roopal, just so I don't have to
9 keep doing this, can I have a standing
10 objection to form and scope for
11 discussions concerning psychological
12 symptoms or her personal and
13 professional opinions regarding the
14 impact of sexual assault on victims?

15 MS. LUHANA: No, I prefer you make
16 the statement so we have a clear
17 record, make the objections. She is
18 an expert and she is a psychologist
19 here testifying and so this is well
20 within the scope.

21 Q. So Doctor, go ahead and answer the
22 question.

23 MS. CARITIS: For the record,
24 she's here today to respond to
25 Dr. Valliere and she did not see any

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2 of the plaintiffs here, did not treat
3 them in any sort of clinical setting,
4 so this is well beyond the scope of
5 her report. Understood your point and
6 I will continue to object to each
7 individual question as I see fit.

8 MS. LUHANA: We can agree to
9 disagree. And your objections, Alex,
10 should be limited to scope -- I mean,
11 sorry, form.

12 Q. Go ahead, Doctor. You were
13 discussing --

14 A. Can you repeat the question?

15 Q. It was -- you were discussing what
16 you believe the symptoms of trauma are.

17 MS. CARITIS: Objection. Form.
18 Scope.

19 A. There can be a number of different
20 after-effects of trauma, PTSD is one common
21 one. Other things, for example, depression,
22 anxiety, physical symptoms as well.

23 Q. And what types of physical
24 symptoms?

25 MS. CARITIS: Form. Scope.

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2 A. Depending on the type of trauma,
3 individuals may have gastrointestinal
4 problems, for example, concerns with sexual
5 functioning, for example.

6 Q. Anything else?

7 MS. CARITIS: Form. Scope.

8 A. It would really depend on -- depend
9 on the type of trauma.

10 Q. And so what types of trauma are
11 there?

12 MS. CARITIS: Form. Scope.

13 A. Trauma can be wide-ranging across
14 the lifespan, include things like a first
15 childhood experiences.

16 Q. Doctor, I'm focused on trauma from
17 sexual violence when you're an adult.

18 MS. CARITIS: Form. Scope.

19 A. I'm not sure what you're asking.

20 Q. So my question is some of the
21 symptomatology, the physical symptoms of
22 trauma from sexual violence when you're an
23 adult.

24 MS. CARITIS: Same objections.

25 A. So again, it would depend on the

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2 kind of assault, if there were any injuries
3 sustained at the time of the assault. So
4 physiological injuries could be broad-ranging
5 depending on the type of assault.

6 Q. Can you discuss those? I'm trying
7 to get an understanding of the types of
8 injuries, and I believe you've written a
9 great deal about it. So I'm trying to get
10 your understanding as a psychological -- as a
11 psychologist about the psychological injuries
12 of trauma of sexual violence. So can you
13 please explain?

14 MS. CARITIS: Form. Scope.

15 A. So one specific physiological
16 injury that we've done a bit of publication
17 on, not much, is looking at sexual
18 functioning following the assault. But the
19 majority of my work as a psychologist is
20 really focused on psychological
21 after-effects, so I can't speak much to
22 physiological injuries.

23 Q. Okay. Sexual assault victims often
24 live with persistent feelings of unsafety in
25 everyday environments.

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2 Would you agree with that?

3 MS. CARITIS: Form. Scope.

4 A. Could you repeat the question?

5 Q. Sure.

6 Sexual assault victims often live
7 with persistent feelings of unsafety in
8 everyday environments.

9 MS. CARITIS: Same objections.

10 A. The statement sounds like a
11 generalization about sexual assault
12 survivors. Many survivors are resilient and
13 don't live every day with fear and for some
14 that may be the experience. So I hesitate to
15 make any claim that applies to all survivors.

16 Q. I'm not saying all survivors. I'm
17 saying some may live with persistent feelings
18 of feeling unsafe in everyday environments as
19 a result of sexual trauma.

20 Would you agree with that?

21 MS. CARITIS: Form. Scope.

22 A. Could you repeat the statement one
23 more time?

24 Q. Sure.

25 My question to you is: Some

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2 survivors of sexual assault may live with
3 persistent feelings of feeling unsafe in
4 everyday environments as a result of the
5 sexual assault trauma.

6 MS. CARITIS: Same objections.

7 A. And so your qualification here is
8 really about the persistence of feeling
9 unsafe?

10 Q. No, just generally may have feeling
11 of feeling unsafe, sometimes they're
12 persistent, sometimes they may not be. I'm
13 just discussing one of the results of trauma
14 of -- from sexual assault can lead you
15 feeling unsafe in everyday environments.

16 Would you agree with that?

17 MS. CARITIS: Same objections.

18 A. I don't think I've done any
19 research personally to look at persistent
20 feelings of safety or lack of safety in
21 everyday environments.

22 Q. How about general feelings of --
23 (Cross-talk.)

24 Q. I apologize, Doctor. I didn't mean
25 to interrupt you.

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2 What about general feelings of
3 unsafety in everyday environments as a result
4 of being a victim of sexual assault?

5 MS. CARITIS: Same objections.

6 A. Yeah. Again, I can't recall any
7 other research that I've done that's looking
8 at general feelings of a measure of unsafety
9 in everyday environments.

10 Q. What about your -- just your
11 experience as a psychologist treating
12 patients, have you treated a patient, a
13 sexual assault survivor, who had feelings
14 of -- feeling -- have had persistent feelings
15 of unsafety in everyday environments?

16 MS. CARITIS: Same objections.

17 A. Thinking of my caseload, no, I
18 don't think that's come across in any of my
19 clinical encounters.

20 Q. Okay. How often are you treating
21 survivors of sexual assault?

22 A. I see patients on a weekly basis.

23 Q. That's wasn't my question. My
24 question was about treating survivors of
25 sexual assault, how often are you treating

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1 L. Orchowski - Highly Confidential

2 survivors of sexual assault?

3 A. I see patients on a weekly basis
4 and my patients include survivors of sexual
5 assault.

6 Q. We'll get to that later in terms of
7 your caseload.

8 Doctor, anxiety disorders and panic
9 attacks are commonly triggered by reminders
10 of assault.

11 Would you agree with that?

12 MS. CARITIS: Objection. Form.
13 Scope.

14 A. I disagree with the statement
15 "common," there's a lot of heterogeneity how
16 folks respond to reminders of assaults.

17 Q. So would you agree that anxiety
18 disorders and panic attacks are triggered by
19 reminders of assault?

20 MS. CARITIS: Same objections.

21 A. Yeah. Again, I would say it
22 depends, really depends on the individual.
23 There's no one common response.

24 Q. So therefore, just so I'm clear,
25 you're saying sexual assault survivors can be

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1 L. Orchowski - Highly Confidential

2 triggered by reminders of assault with

3 anxiety disorders and panic attacks?

4 MS. CARITIS: Form. Scope.

5 A. No, that's not what I said. I'll

6 repeat that I said the responses to sexual

7 assault are heterogeneous.

8 Q. Sure. But that can be one

9 response, right, an anxiety disorder and

10 panic attack can be triggered by a reminder

11 of an assault for some survivors?

12 MS. CARITIS: Form. Scope.

13 A. Can you repeat the question?

14 Q. My question is: Anxiety disorder

15 and panic attacks can be triggers as when

16 sexual assault survivors are reminded of the

17 assault?

18 MS. CARITIS: Form. Scope.

19 A. I would disagree. Being reminded

20 of an assault doesn't cause an anxiety

21 disorder.

22 Q. I'm not saying it causes it, it

23 can -- well, would you agree that it can

24 trigger anxiety or potentially a panic

25 attack?

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2 MS. CARITIS: Form. Scope.

3 A. For some individuals, being
4 reminded of a traumatic experience could lead
5 to a sense of anxiety.

6 Q. Depression following sexual assault
7 may lead to health complications and feelings
8 of self harm.

9 Would you agree with that?

10 MS. CARITIS: Form. Scope.

11 A. It is not uncommon for individuals
12 to have psychological consequences following
13 sexual assault, such as depression. And
14 there are also research studies suggesting
15 that something like self harm could also be a
16 consequence of sexual victimization.

17 Q. Sexual dysfunction and aversion to
18 intimacy are -- can be immediate and
19 long-term psychological issues that result
20 from sexual assault.

21 Would you agree?

22 MS. CARITIS: Form. Scope.

23 A. I would likely use different words.
24 I would say that consequences of sexual
25 victimization can, for some individuals,

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2 include concerns relating to sexual
3 functioning.

4 Q. Would you agree that the effects of
5 sexual trauma for some may extend for years
6 or decades after the event?

7 MS. CARITIS: Form. Scope.

8 A. The experiences of sexual
9 victimization can extend -- the consequences
10 of sexual victimization can extend after an
11 assault. I'm not aware of literature that
12 suggests precisely how long consequences last
13 for.

14 Q. Would you agree that without proper
15 support or therapy, recovery can be
16 significantly impaired?

17 MS. CARITIS: Objection. Form.
18 Scope.

19 A. That's actually a really
20 interesting question. The field thinks a lot
21 about this notion of spontaneous recovery and
22 resilience. And in fact it's a really big --
23 big thing the field is interested in right
24 now is kind of moving from a focus on the
25 consequences of sexual assault, as you've

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2 been discussing, to really looking at how
3 many folks are resilient following
4 experiences of victimization.

5 So one of the things in the line of
6 questioning so far is really not attending to
7 the growth that is experienced by many
8 survivors regardless of whether or not they
9 seek therapy. So the work going on right now
10 in the field is really looking at even
11 something called post-traumatic growth, how
12 for many survivors there is a sense of
13 resilience.

14 So I'm glad you brought that up. I
15 can't speak to kind of the number of
16 survivors who seek therapy, but also would
17 raise the point that there are many survivors
18 that likely don't seek therapy, and the field
19 is really interested in right now on -- in
20 this notion of resilience.

21 Q. Doctor, that wasn't my question. I
22 appreciate your response, but my question is
23 focused on the folks that haven't gotten
24 proper support or therapy.

25 Would you agree that recovery for

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1 L. Orchowski - Highly Confidential

2 some can be significantly impaired?

3 MS. CARITIS: Same objections.

4 A. Yeah, I don't -- I don't think I
5 can -- I can speak to that. I'm not -- I'm
6 not sure. I know folks (audio distortion) --

7 THE COURT REPORTER: I'm sorry.

8 There is a little bit of distortion
9 again. Is it only on my end?

10 MS. CARITIS: It's been really
11 good, Doctor, but right there you did
12 cut out a teensy bit.

13 A. Yeah, I don't think I can speak to
14 that question.

15 Q. Okay. Doctor, would you agree that
16 sexual assault can disrupt family, work and
17 social relationships?

18 MS. CARITIS: Form. Scope.

19 A. For some individuals it could have
20 consequences that reach relationships.

21 Q. Doctor, would you agree victims
22 often experience stigma or fear of not being
23 believed?

24 MS. CARITIS: Same objections.

25 A. It would depend on the particular

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1 L. Orchowski - Highly Confidential
2 individual, but there is research looking at
3 stigma associated with sexual victimization.

4 Q. And would you agree that some
5 victims can experience stigma or fear of not
6 being believed, in your professional capacity
7 as an expert here today?

8 MS. CARITIS: Same objections.

9 A. I believe there's some research out
10 there looking at fear of being believed.

11 Q. Doctor, I'm -- you're an expert
12 here and you're a psychologist and I
13 understand you're referencing the research.
14 But I'd like to know your professional
15 opinion as to if victims may experience
16 stigma or fear of not being believed?

17 MS. CARITIS: Same objections.

18 A. I prefer to ensure that I'm rooting
19 my statements in a specific research article.
20 So I'll state again that there -- I believe
21 there is research out there looking at fear
22 of being believed as well as stigma as
23 components of the experience of survivorhood.

24 Q. Doctor, you're a practicing
25 psychologist, correct?

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2 A. That is correct.

3 Q. So you hold opinions of your own,
4 maybe based on the research, but you hold
5 opinions on your own. So I'm looking for
6 your professional opinion here whether
7 victims may experience stigma or fear of not
8 being believed?

9 MS. CARITIS: Form. Scope.

10 A. In -- my purpose in preparing this
11 report is really to rebut the Valliere
12 report. So I apologize if I don't have some
13 of the articles that I wish I could refer to
14 here off the tip of my tongue. And knowing
15 that this is a court proceeding, I don't want
16 to say anything or cite a research article.
17 But I can say broadly generally it is my
18 opinion that there is research out there
19 connecting fear of being believed to
20 survivorhood.

21 Q. Would you agree survivors may lose
22 employment, academic or even professional
23 standing due to the impact of sexual assault?

24 MS. CARITIS: Same objections.

25 A. So the consequences -- I believe

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2 there is research out there looking at
3 academic consequences, also consequences of
4 sexual assault that extend to the workplace.

5 Q. Doctor, remember that presentation
6 that I referenced earlier, that Zoom
7 presentation you did in 2021? That's a
8 direct quote from it. So would you like to
9 rephrase that statement now for us today
10 thinking back on it and the question is --
11 let me reframe. Let me ask the question
12 again.

13 Would you agree that survivors may
14 lose employment, academic or even
15 professional standing due to the impact of a
16 sexual assault?

17 MS. CARITIS: Objection. Form.
18 Scope.

19 A. So your question is whether I want
20 to rephrase what I said in the presentation?

21 Q. My question is, do you agree with
22 your prior statement or do you want to
23 rephrase it as you did the earlier one today?

24 MS. CARITIS: Form. Scope.

25 A. You know, so without the specific

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2 text of my presentation of the articles that
3 I'm referring to, today I'm comfortable
4 saying broadly that the consequences of
5 assault can include, for some individuals,
6 academic or workplace consequences.

7 Q. Doctor, some victims may develop
8 substance abuse problems as a means of
9 coping.

10 Would you agree with that?

11 MS. CARITIS: Form. Scope.

12 A. Substance abuse is a common
13 consequence of the sexual victimization as
14 well.

15 Q. Doctor, would you agree long-term
16 economic harm may result from the inability
17 to work, maintain personal or professional
18 relationships or maintain stable housing as a
19 result of sexual assault?

20 MS. CARITIS: Same objections.

21 A. Yeah. So there's a lot of
22 components to that question, I would refer
23 you to a Peterson, et al., article in 2017
24 published by Peterson and members of the
25 Centers of Disease Control that looked at the

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2 US economic burden of sexual victimization.
3 That article reports specifically on the
4 lifetime burden of sexual violence, which
5 includes many different kinds of economic
6 costs.

7 Q. So do you, in your professional
8 capacity, hold that opinion? And once again,
9 I'll reference that Zoom 2021 presentation
10 and this is pulled from that presentation, so
11 do you still agree with the statement that
12 long-term economic harm may result from
13 inability to work, maintain personal or
14 professional relationships or maintain stable
15 housing as a result of sexual assault?

16 MS. CARITIS: Objection. Form.
17 Roopal, to the extent you have the
18 presentation, it might be helpful for
19 her to see what she said and what
20 you're reading. If you want her to
21 just go off her memory, she, of
22 course, can do that, but it looks like
23 you might be reading from something
24 directly.

25 MS. LUHANA: Understood, Counsel.

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2 Q. Go ahead, Doctor.

3 A. Can you repeat the question?

4 Q. Would you agree that long-term
5 economic harm may result from inability to
6 work, maintain personal or professional
7 relationships or maintain stable housing as
8 the result of sexual assault?

9 MS. CARITIS: Same objections.

10 A. My sense is that I was referring to
11 the Peterson article, which lists a number of
12 the different economic consequences that can
13 be associated with sexual victimization. So
14 I'd refer to the Peterson article for
15 something very specific on the different
16 kinds of consequences.

17 Q. Outside the Peterson article in
18 your professional capacity as a psychologist,
19 what is your opinion?

20 MS. CARITIS: Same objections.

21 A. Yeah, I would say there's a number
22 of potential economic consequences of sexual
23 victimization.

24 MS. LUHANA: Let's go ahead and
25 pull up and let's mark RL1 as

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2 Exhibit 1, that's Dr. Orchowski's
3 rebuttal. And let's go ahead and mark
4 as Exhibit 2, the depo notice, which
5 is RL2.

6 Actually, let's pull up first the
7 depo notice, which is Exhibit 2.

8 (Exhibit 1, Rebuttal Expert Report
9 of Lindsay Orchowski, Ph.D., was
10 marked for identification.)

11 (Exhibit 2, Notice of Deposition,
12 was marked for identification.)

13 Q. Doctor, have you seen this notice
14 previously?

15 MS. CARITIS: Could you scroll
16 through just a few pages so she could
17 take a look?

18 A. Yes, I've seen this.

19 Q. Let's focus on the second page,
20 let's put it there.

21 So Doctor, did you bring any of the
22 requested materials to the deposition with
23 you?

24 A. I refer to the attorneys here for
25 that information.

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2 Q. Well, let's actually run through
3 it.

4 So the first thing here asks for a
5 copy of your CV. And is that what was
6 produced as Exhibit B to your rebuttal
7 report?

8 A. Yeah, my CV is included in the
9 report.

10 Q. Okay. I actually misspoke. It's
11 Exhibit A to the rebuttal report; is that
12 right?

13 A. Do you want me to check to make
14 sure it's Exhibit A?

15 Q. Yes, please.

16 A. Yes, my CV is included as
17 Exhibit A.

18 Q. Okay. And then it asks for a list
19 of all publications you authored or
20 contributed to, if not included in your CV.

21 And have you produced all those?

22 A. Everything that I produced is
23 included in my CV.

24 Q. Okay. Number 3 asks for a list of
25 cases in which you have testified either at

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2 trial or in deposition, if not included with
3 your expert report.

4 So has that been included with your
5 expert report?

6 A. To my knowledge, this is the only
7 trial or deposition that I've testified in.
8 I'm not -- I don't think that the graduate
9 school experience would be included as any
10 formal kind of experience in this regard.

11 Q. So Number 4 is a complete list of
12 all the materials you considered that
13 informed your opinions or influenced your
14 testimony in this matter, including, but not
15 limited to, all published and unpublished
16 literature, documents, depositions,
17 transcripts, articles, interview and data
18 reviewed or relied on by you in formulating
19 your opinions offered in this case, including
20 those items not listed on your materials
21 considered list.

22 Have you produced all those?

23 A. So I'll note for my report, I
24 reviewed the Valliere report and should be --
25 and what should be considered including in

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2 that is all of the sources that Valliere
3 cited. So I was provided with a copy of
4 everything included in Valliere's report. So
5 I want to make sure that's included in the
6 list of materials that is referenced.

7 Q. So Doctor, if you take a look
8 at Exhibit 1, which is your report, and
9 Exhibit A -- I'm sorry, Exhibit B to your
10 report, it includes the list of materials
11 cited and considered, correct?

12 A. Yes, includes the list of materials
13 cited and considered.

14 Q. However it doesn't list any of the
15 underlying materials that Dr. Valliere
16 included in her report, does it?

17 MS. CARITIS: Form.

18 A. That is likely my naivety. As I
19 mentioned, this is my first time here. So
20 for me as a scientist, when I review
21 something, I make sure I look at their
22 primary sources. So that was one thing that
23 I did ask the legal team is to ensure that
24 they provide me with all of the sources that
25 Valliere cited.

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2 I'd be happy to amend that. But
3 when I'm citing expert report of Valliere,
4 for me that includes all of the sources that
5 she's also citing.

6 Q. Yeah, you didn't list them on
7 Exhibit B, correct?

8 A. I'd be happy to amend that.

9 Q. Doctor -- okay. Doctor, did you
10 put together Exhibit B?

11 MS. CARITIS: Form.

12 A. Yes, this includes all of the
13 things that I listed.

14 Q. That's not my question. I said,
15 did you put together Exhibit B?

16 (Cross-talk.)

17 MS. CARITIS: Form.

18 THE WITNESS: Sorry.

19 MS. CARITIS: Go ahead.

20 A. I provided a list of all the
21 materials and -- cited and considered, yes.

22 Q. So you provided this list to
23 counsel and counsel put together Exhibit B?

24 MS. CARITIS: Form. Objection to
25 the extent this calls for any drafts

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2 or privilege putting it together.

3 Doctor, you can broadly talk about
4 your understanding about how the
5 materials considered list was
6 generated, but we're not going to get
7 into any discussions with counsel with
8 drafts. As you know, Roopal.

9 Q. Doctor, I don't mean to get into
10 any discussions of drafts. However, I'm
11 entitled to know the facts and data you
12 considered in forming your opinions and part
13 of that is a materials you consider.

14 And so I'm focused on Exhibit B
15 that was produced with your report in this
16 final version, did you put this final version
17 together?

18 MS. CARITIS: Objection. Form. I
19 just want to be clear, are you asking
20 if she put together the report or if
21 she literally made the materials
22 considered? I just don't understand
23 the question.

24 MS. LUHANA: Counsel, please limit
25 your objections to form. You're

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2 making speaking objections and
3 attempting to coach the witness,
4 which, as you know, is improper.

5 MS. CARITIS: Not coaching the
6 witness, it's an unclear objection
7 understood. Form.

8 Q. Doctor, did you put together
9 Exhibit B? Is this what you put together for
10 your report, Exhibit B?

11 A. This is my list of materials and
12 references cited and considered.

13 Q. Doctor, that's not what I asked.

14 My question is, did you put
15 together Exhibit B?

16 A. I guess I'm confused in what you
17 asked. This is the list that I provided in
18 my report.

19 Q. The list that you provided in your
20 report, but this, Exhibit B, is attached to
21 your report, and I'm asking you, did you put
22 this together or did someone else?

23 A. Yes, I made this.

24 Q. Okay. Let's go to all sources of
25 data or other information considered or

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2 relied upon by you in forming your opinions
3 in this matter.

4 Did you provide all of those?

5 A. (Document review.)

6 Yeah, so the list of materials
7 cited and considered is complete in regards
8 to everything that I've cited in the report.
9 I guess I'm -- there's a lot of information
10 that has gone into building my professional
11 expertise, and certainly I didn't cite
12 everything I've read along in the past
13 20 years. But specific to this report, yes,
14 I've provided the information that I've
15 considered and relied upon in forming the
16 opinions of this matter.

17 I'll also note that regarding the
18 report of Dr. Valliere, I would include in
19 that expert report her citation of any
20 sources listed in that report, which I was
21 also provided with and have been able to
22 access as I've made this opinion.

23 Q. Number 6 says:

24 All documents or materials you
25 reviewed since the date of your report that

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2 you have not specifically identified in your
3 report in preparation for your expected
4 testimony.

5 A. I have nothing to add.

6 Q. So to the extent you relied on a
7 specific source, it was cited in your report;
8 is that correct?

9 MS. CARITIS: Form.

10 A. I'll go back to noting there's a
11 lot of professional knowledge that I've
12 accumulated. When I have cited specific
13 professional sources, I have included them in
14 this list.

15 Q. However -- I understand with your
16 professional sources, I'm focused on --
17 actually, withdrawn. We'll get to that.

18 Let's look at Number 7 and
19 itemization of the hours spent and
20 compensation paid or to be paid for your work
21 in this matter and your staff's work in this
22 matter, including all invoices you have
23 submitted to counsel.

24 Have you produced those?

25 A. Yes.

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2 Q. Documents sufficient to show your
3 ride history on the Uber app.

4 Have you produced those to counsel?

5 A. I'll direct that to counsel. I'm
6 happy to make any of my Uber profile
7 available. I don't think I've ever even
8 looked at it myself.

9 MS. LUHANA: Okay. Let's take
10 this down.

11 Q. Doctor, where are you located
12 today?

13 A. I'm in Providence, Rhode Island.

14 Q. Okay. And I see you have counsel
15 present on the Zoom. Can you please identify
16 counsel?

17 A. Alexandra is here today.

18 Q. And when were you retained as an
19 expert in this case?

20 A. Very -- I can pull the date back
21 up. It's likely listed on the invoice,
22 should be kind of right around like
23 October 10th-ish.

24 Q. Okay. And do you know how they
25 found out about you or how they found you?

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2 A. I don't. That would be -- that
3 would be interesting to know.

4 Q. And who first contacted you about
5 being an expert?

6 A. Christopher.

7 Q. Christopher who?

8 A. Last name Talbot.

9 Q. Doctor, were you aware of Uber's
10 sexual assault problem at the time they
11 reached out to you?

12 MS. CARITIS: Form.

13 A. I had heard one thing on Apple News
14 in conversation and that was my only
15 awareness of it.

16 Q. What was the assignment that you
17 were paid to do here?

18 A. I had a specific task to review
19 Dr. Valliere's report and provide a
20 scientific opinion on it?

21 Q. Did defense counsel ask you to make
22 any assumptions?

23 A. What do you mean by that?

24 Q. Well, did they ask you to assume
25 anything for the purpose of forming your

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2 opinions in your report?

3 A. No, I don't believe so. I'm not
4 quite sure what you mean. But my specific
5 task was to review Dr. Valliere's report and
6 provide a scientific assessment.

7 Q. Do you know what individual cases
8 your report is being submitted for?

9 A. No, I don't. I was provided with
10 all the materials that I was cited by the
11 Valliere report, but I'm not aware of
12 individual cases.

13 Q. Did you ask?

14 A. My report is really specific to
15 Dr. Valliere's report.

16 Q. So you didn't ask about what
17 individual cases your report is being
18 submitted for?

19 A. No, that's wasn't my tasking. My
20 tasking was specific to Dr. Valliere's
21 report.

22 Q. Doctor, were you provided with a
23 copy of the master complaint in this case?

24 A. Can you describe what that is?

25 Q. The master allegations in this

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2 case, were you provided with a copy of that
3 complaint?

4 A. I was provided with a copy of
5 Dr. Valliere's report and anything that was
6 cited in that report.

7 Q. So sitting here today, Doctor,
8 since you're providing an opinion on
9 Dr. Valliere's report, my question to you is,
10 did you review the master complaint?

11 A. Would you be able to show it to me
12 and then I can let you know if I've seen it?

13 Q. Well, they were the allegations in
14 this case that you're testifying about
15 brought by the sexual assault survivors
16 against Uber.

17 So do you recall seeing a
18 complaint?

19 A. Yeah, if you'd be willing to show
20 it to me, I'd be happy to review and see if
21 it's something that was included in the
22 materials.

23 Q. Doctor, but as a part of your
24 assignment that you were paid to do, you said
25 you reviewed the underlying materials to

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2 Dr. Valliere's report, correct?

3 A. So I was specifically engaged to
4 reviewed Dr. Valliere's report and provide a
5 scientific opinion. If there were materials
6 provided that when she's referencing things
7 in the report, I have access to all those
8 files. So I was making my report, my method
9 included cross-referencing those.

10 Q. So Doctor, my question is, do you
11 recall reviewing the master complaint in this
12 case sitting here today?

13 A. To answer that question, I'd like
14 to see a copy of that to ensure that I know
15 what you're talking about.

16 Q. So sitting here today, you can't
17 recall whether you saw it or not?

18 A. To answer your question, I'd like
19 to be provided with a copy of it so I can
20 better answer your question.

21 Q. Well, Doctor, prior to issuing your
22 opinions in this case, you said you reviewed
23 certain documents, correct?

24 A. I reviewed a copy of Dr. Valliere's
25 report and the documents that are cited in

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2 her report.

3 Q. So my question is, do you recall
4 reviewing the complaint sitting here today?
5 So that's a yes or no question, Doctor. Do
6 you recall reviewing the master complaint?

7 A. If you could provide me with a copy
8 of the master complaint, I'd be happy to take
9 a look at it.

10 Q. That's not answering my question
11 and it's a very easy question, Doctor.

12 Do you remember reviewing the
13 master complaint in this case, yes or no?

14 MS. CARITIS: Form. I'm not sure
15 she knows what you're referring to.

16 MR. LUHANA: It's titled the
17 Master Complaint, Counsel. No
18 speaking objections. It's the
19 master -- it's the allegations in this
20 case.

21 Q. Doctor, where would you go to
22 locate the materials that were provided to
23 you by counsel?

24 MS. CARITIS: Form.

25 A. I would -- so counsel provided me

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2 with a shared account of the files. They
3 have -- there's many different files there,
4 which is why I'm having trouble making -- I
5 want to answer your question honestly and
6 correctly, but without a specific direction
7 to which file you're talking about, I just
8 want to be clear.

9 Q. But sitting here today, you can't
10 answer that question without me pulling up
11 the document; is that right?

12 A. I would feel more comfortable
13 answering your question if you could pull up
14 the document, please.

15 Q. That's not my question.

16 Sitting here today, you're not able
17 to answer whether you reviewed the master
18 complaint without me pulling it up; is that
19 right?

20 MS. CARITIS: Form.

21 A. I'm someone that likes a lot of
22 precision. So in order to answer your
23 question, I want to make sure I'm not giving
24 you any false information. So it would be --
25 I would request that I can see what you're

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2 talking about because the term "master
3 complaint" is not one that -- being a
4 psychologist, not familiar with the legal
5 realm. I'm not sure I know what you're
6 talking about.

7 Q. Well, are you aware of the
8 allegations that were brought in this case
9 against Uber by sexual assault survivors who
10 were assaulted by Uber drivers?

11 MS. CARITIS: Form.

12 A. I'm aware of what was discussed in
13 the Valliere report.

14 Q. But my question is about the
15 underlying documents to the Valliere report.

16 So the master complaint contains
17 the allegations that were brought in this
18 case that you're providing testimony for
19 against Uber by sexual assault survivors who
20 were assaulted by Uber drivers.

21 So do you recall seeing that
22 complaint?

23 MS. CARITIS: Form.

24 A. I'm not -- I'm not sure I can
25 answer your question.

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2 Q. Doctor, did you review the
3 individual complaints in the bellwether
4 cases?

5 A. I reviewed the files that were
6 linked to the Valliere report.

7 Q. And how much time did you take
8 reviewing the files?

9 A. The time is listed on the invoice.

10 Q. Well, sitting here today, do you
11 recall how much time generally you spent
12 reviewing the underlying documents that
13 Dr. Valliere cited in her report?

14 A. We could pull up the invoice.

15 Q. Okay. We'll get to that.

16 So sitting here today you can't
17 give me that answer without looking at your
18 invoice?

19 A. I believe the invoice was --
20 were -- I would say at least -- so the whole
21 report preparation process after I was
22 retained has over 15 hours of work. It
23 also -- yeah, so over 15 hours of work.

24 Q. Doctor, did you first review
25 Dr. Valliere's report before you made the

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2 decision to be retained as a rebuttal expert
3 in this case?

4 MS. CARITIS: Form.

5 A. (No response.)

6 Q. Doctor, I didn't ask a difficult
7 question. Is there a reason you're taking
8 such long pauses to respond to my questions?

9 MS. CARITIS: Form.

10 Argumentative. She's allowed to take
11 as long as she needs.

12 MS. LUHANA: It's a simple
13 question, Counsel. And there is no
14 coaching. Your objections are limited
15 to form, so please keep them that way.

16 Q. Doctor, did you review
17 Dr. Valliere's report before you made the
18 decision to be retained as a rebuttal expert?

19 A. I'm giving some thought to
20 timeline. I really appreciate the time
21 you're giving me and all your patience. I
22 know I'm new to this, so maybe you're a bit
23 frustrated at the time I'm taking, I just
24 really want to get this right.

25 (Cross-talk.)

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2 Q. Doctor, I appreciate that, but I
3 think you were retained in this case you just
4 said only about a month ago, correct?

5 A. Yeah, it was very recent.

6 Q. It was very recent.

7 So in terms of your memory of
8 whether you reviewed Dr. Valliere's report
9 before you made the decision to be retained
10 as a rebuttal expert would be something I
11 would hope that you'd be able to remember --

12 MS. CARITIS: Object.

13 Q. -- so would you be able to -- would
14 you be able to share with me if you reviewed
15 her report before you made the decision to be
16 retained as a rebuttal expert?

17 MS. CARITIS: Form.

18 A. Is it okay if I pull up my timeline
19 on this or are you looking for an answer? I
20 just want to get it right.

21 Q. Sure.

22 MS. LUHANA: You can pull up the
23 invoice, which is -- I guess we
24 haven't marked the invoice. We can --
25 we can go ahead and mark the invoice,

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2 it's Exhibit 3 which is RL3.

3 A. Yeah. Can we pull it up on the
4 screen?

5 (Exhibit 3, Lindsay Orchowski,
6 Ph.D's Expert Witness Invoice, was
7 marked for identification.)

8 A. Thank you for this.

9 (Document review.)

10 MS. CARITIS: Doctor, you can
11 just -- it's okay to testify to your
12 best recollection. I think Ms. Luhana
13 is just trying to get a general sense.
14 So you can tell her your --

15 (Cross-talk.)

16 A. Yes.

17 MS. LUHANA: Counsel.

18 A. My recollection is that I was
19 approached by Christopher about this case. I
20 signed a confidentiality agreement to see if
21 this was something I can offer an opinion on.
22 I was provided with a report, it felt like
23 something that I was able to offer an opinion
24 on, so then I was engaged.

25 Q. Okay. When did you start working

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2 on this report?

3 A. As my official work on the report
4 started on the 11th.

5 Q. When was the last time you saw your
6 report?

7 A. I have it in front of me right now.

8 Q. Okay. Before the deposition today.

9 A. I've been reviewing it in
10 preparation, so I saw it today, I looked at
11 it yesterday.

12 Q. Okay. And in your report, you
13 stated --

14 MS. LUHANA: You can take this
15 down.

16 Q. In your report, you stated you
17 evaluated Dr. Valliere's opinions to reach
18 your opinions, correct?

19 A. That's correct.

20 Q. And I want to know, what
21 specifically did you review to form your
22 opinions?

23 So we can take a look at Exhibit 1,
24 and let's pull up Exhibit B.

25 And so here, Doctor, as you noted

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2 it only states that what you had looked at
3 was the expert report of Dr. Valliere. And
4 let's go -- it lists a number of
5 publications, so I believe the rest of it is
6 just publications; is that correct? We can
7 scroll through it.

8 MS. CARITIS: Feel free to flip on
9 your own copy, Doctor, if you have one
10 and that's --

11 THE WITNESS: Yeah, I have it.

12 (Document review.)

13 Q. So let's go back to the first page
14 of Exhibit B.

15 So as I said, Doctor, I'm entitled
16 to know the basis of your opinions and
17 exactly what documents you're relying on. We
18 only have Dr. Valliere's report listed here.

19 What other documents specifically
20 did you rely on in forming your opinions?

21 MS. CARITIS: Form.

22 A. So one of the things I mentioned
23 earlier was that in reviewing Dr. Valliere's
24 report, I was also provided with any of the
25 documents that are referenced. So for

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2 example, the files that Valliere references.
3 So those would be included. And then the
4 publications listed are also the things that
5 informed my opinions.

6 Q. Doctor, do you have a file of those
7 documents that you're referencing that are
8 not listed on Exhibit B here?

9 MS. CARITIS: Form.

10 A. So those were provided by the legal
11 team, so they exist there on their -- on
12 their server.

13 Q. So they exist on their server.
14 Were you -- so how were these documents
15 transmitted to you?

16 MS. CARITIS: Objection. Form.

17 A. So I was given access through a
18 share file, so like a shared -- a shared
19 link, like a Box file.

20 Q. And can you still access that
21 today?

22 A. I haven't tried, so I'm not sure.

23 Q. When's the last time you accessed
24 those documents?

25 A. I haven't worked on the report

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2 since the 24th.

3 Q. And when were those documents
4 provided to you?

5 A. I could -- I could check back in
6 correspondence, but I -- likely right after I
7 started working on the report, so kind of
8 preliminary review with the Valliere files
9 was right around early October, so provided
10 with any of the files I would need to do a
11 review of the Valliere report.

12 Q. So Doctor, were you provided, based
13 on your invoice, which is Exhibit 3, it notes
14 that you began initial case review on
15 October 11th.

16 So would you have been provided
17 with all these documents, the underlying
18 documents you relied on on October 11th or
19 around that time?

20 A. Around that time seems fair, yeah.

21 Q. How many documents were there?

22 A. There are hundreds.

23 Q. Hundreds? Can you -- 900, 300, how
24 many?

25 A. There are hundreds.

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2 Q. Well, can you give me your best
3 estimate? You like to be very precise, so
4 I'm looking for that precision, Doctor, here.

5 A. I really can't make a guess. I'm
6 going to say there are hundreds of documents
7 that exist in this file.

8 Q. Well, were they close to a thousand
9 or was it close to 200? Now I would like an
10 estimate, because you didn't list all the
11 documents that you relied on in your --

12 MS. CARITIS: Objection.

13 Q. -- Exhibit B of your report.
14 Therefore I have no idea to know what you
15 actually used to form your opinions. And I'm
16 entitled to that information, Doctor.

17 So I would like your best estimate
18 here as to how many documents were provided
19 to you by counsel to come up with your
20 opinions?

21 MS. CARITIS: Objection. Form.

22 And Roopal, I'm happy at break to send
23 you an amended reliance list that
24 explicitly says "and all documents
25 cited herein to the report" if that

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2 will short circuit this. She's
3 already testified to that. And I'm
4 happy to serve -- I can put it
5 together at break if that will help.

6 MS. LUHANA: Let's talk about that
7 counsel off the record.

8 Q. Doctor, can you please give me your
9 best estimate here?

10 MS. CARITIS: Form.

11 A. To the best of my recollection,
12 there are hundreds of documents.

13 Q. So I'm just trying, Doctor, just
14 work with me here, I'm trying to understand
15 what you relied on for your opinions. And as
16 I said, I'm entitled to that.

17 So was it 150 or 900 documents?

18 A. What I really would need to do this
19 was look at the Valliere report and kind of
20 count out the ones on the reference list if
21 you think that would be helpful.

22 Q. No, Doctor. Because I want to look
23 at and discuss the documents that you were
24 provided by counsel, and that's the focus
25 here today on your opinions. And so --

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2 MS. CARITIS: I think you and I
3 can short circuit. This is -- if we
4 could go off the record for a second.
5 I'm sorry to cut you off. I know
6 we've been spending a lot of time on
7 this and I just want to kind of --

8 MS. LUHANA: I don't want to go
9 off the record, Counsel.

10 Q. Doctor, if you want a break, we can
11 do that. But I want to finish this line of
12 questioning and we can take a break.

13 But can you just give me an
14 estimate of how many documents, please,
15 Doctor?

16 MS. CARITIS: Form.

17 A. I'll state again that there are
18 hundreds of documents. I would be happy to
19 provide that full list of all of the
20 documents. I don't want to make an estimate
21 that doesn't get a number right. But there
22 are hundreds of documents that were provided
23 that are included and referenced in the
24 Valliere report.

25 Q. Okay. And then did you review

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2 hundreds of documents to come to your

3 opinion, Doctor?

4 A. So when there was something that
5 was cited that was of relevance, I had the
6 opportunity to go and look at that document.

7 Q. Can you please describe the
8 documents you had access to?

9 MS. CARITIS: Form. Asked and
10 answered.

11 A. So these are many different kinds
12 of documents, so some are, kind of, emails,
13 for example, lots of different kinds of
14 correspondence, some are documentation of,
15 for example, like PowerPoint slides that were
16 provided by RAINN, many different kinds of
17 files.

18 Q. And what else?

19 A. Yeah. And I'm sorry, I might need
20 a break. I'm getting tired. So happy to
21 continue talking about this, but I think if
22 it would be possible to take a break that
23 would be good.

24 Q. Sure. We can take a break right
25 after you answer this question and then we'll

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2 go to break.

3 A. So to the best of my recollection,
4 many different types of documents, PowerPoint
5 slides, email correspondence, et cetera.

6 Q. Anything else?

7 A. I have nothing else to add at this
8 time.

9 MS. LUHANA: Okay. We can take a
10 break.

11 THE VIDEOGRAPHER: The time is
12 15:07 UTC time and we are off the
13 record.

14 (Off the record.)

15 THE VIDEOGRAPHER: The time is
16 15:23 UTC time and we're back on the
17 record.

18 BY MS. LUHANA:

19 Q. Doctor, you understand you're under
20 oath?

21 A. I do.

22 Q. Doctor, anything preventing you
23 from telling the truth today?

24 A. No.

25 Q. During the break, did you discuss

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2 your testimony with your counsel?

3 A. She told me that it's okay to
4 (audio distortion).

5 THE COURT REPORTER: I'm sorry.

6 There was audio distortion again.

7 A. She let me know just to keep on
8 going.

9 Q. Doctor, prior to the break, we
10 discussed that the defense counsel provided
11 you with documents; is that correct?

12 A. Yes, I was provided with access to
13 documents.

14 Q. Okay. Did you ask them to provide
15 you any additional documents?

16 A. I asked them to provide me with
17 anything that was referenced in the Valliere
18 report.

19 Q. Did you confirm they provided you
20 with all the documents that Dr. Valliere
21 cited?

22 A. No, I don't believe I have asked
23 them for confirmation, I had everything that
24 I needed to evaluate the report.

25 Q. Were you given access to run your

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2 own searches in a database to review all the
3 documents that were produced in this
4 litigation?

5 A. I did see in Valliere's report that
6 there is such a database. I never requested
7 that. My report is really specific to taking
8 a scientific evaluation to Dr. Valliere's
9 report given my expertise in sexual assault
10 prevention.

11 Q. Doctor, outside of this litigation,
12 when you cite to materials you consider or --
13 well, let me withdraw that.

14 Doctor, outside this litigation,
15 you cite to materials you consider, however
16 in this case, were you then hired as an
17 expert to rebut Dr. Valliere's opinions. In
18 your actual report, is it true that you do
19 not cite to Dr. Valliere's report at all?

20 MS. CARITIS: Form.

21 A. I'm not sure what you mean. So my
22 report is directly related to the claims made
23 by Dr. Valliere's report, so I'm not -- I'm
24 not quite sure what you mean.

25 Q. Well, do you provide any citations

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2 to what you're referencing in Dr. Valliere's
3 report by citing to a page number? Do you
4 provide a citation in your report when you're
5 discussing criticisms of Dr. Valliere's
6 report?

7 A. You're correct, I do not -- I don't
8 think I have any page numbers specific to the
9 Valliere report.

10 Q. So why is that?

11 A. I had a very limited time to
12 prepare this report, so I considered citing
13 specific examples. Ultimately, I provided
14 scientific references rather than listing
15 specific things in the Valliere report. If
16 you would like specific page numbers, I'm
17 sure I can go through it today and provide
18 some examples if you'd like, but it was
19 really a matter of time constraints. As you
20 know, I was retained very recently to do this
21 work.

22 Q. So, Doctor, you didn't think it was
23 important to cite specifically to
24 Dr. Valliere's report in your rebuttal report
25 of her?

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2 MS. CARITIS: Objection. Form.

3 A. So no, that's not what I said at
4 all. Had I had more time, I would be happy
5 to do that.

6 Q. So you didn't carefully put this
7 report together, it was a rushed report
8 you're saying?

9 MS. CARITIS: Objection.

10 A. That's also not -- that's also not
11 what I said.

12 Q. However, you wouldn't do something
13 that you'd typically do outside of this
14 litigation where you actually do cite to
15 things you consider in your publications, you
16 did not do that here when you were hired by
17 defendants to rebut Dr. Valliere's report; is
18 that correct?

19 MS. CARITIS: Objection. Form.

20 A. I'm not sure what you mean.

21 Q. Well, outside this litigation, when
22 you consider things, you cite to references.

23 In your rebuttal report here, you
24 make no cites to Dr. Valliere's report; is
25 that correct?

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2 A. This is the first time I've ever
3 done this kind of reporting, so I'm not sure
4 how it should relate to my other kind of --
5 like, when I'm doing like a research article,
6 for example.

7 Q. Doctor, let's pull up Exhibit 1.

8 MS. CARITIS: And yeah, Doctor,
9 that's your report, so if it's easier
10 for you to...

11 THE WITNESS: Thanks, got it.

12 Q. Let turn to page 3. And it's
13 under -- let's go to Assignment and
14 Methodology, and it's a sentence where it
15 says:

16 I evaluated Dr. Valliere's
17 opinions.

18 MS. CARITIS: Sorry, I'm not with
19 you. Where are we?

20 MS. LUHANA: It's the third or
21 fourth sentence I believe.

22 Q. I evaluated Dr. Valliere's opinions
23 using the same methods I employ in my
24 academic work by considering the arguments
25 and sources in light of the empirical

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2 research and my knowledge and experience, and
3 so on and so forth.

4 So my question to you here is: You
5 claim that you use the same methods you
6 employ in academic work, and in your academic
7 work you provide citations to things you
8 consider. However, when you've been hired as
9 an expert here, in your rebuttal report where
10 you were hired to rebut Dr. Valliere's
11 opinions, you provide no citations to
12 Dr. Valliere's report; is that correct?

13 MS. CARITIS: Objection. Form.
14 Misstates the report.

15 A. Yeah, I think it's -- I think
16 it's -- I've used the same kind of methods in
17 my academic work, sometimes I use citations,
18 sometimes I don't. And so here really when I
19 was looking at the Valliere report, I was
20 evaluating it with its regard to the
21 scientific literature.

22 Q. Okay. Let's go to the first
23 sentence there, it states you were retained
24 by counsel for defendants to review and
25 respond to Dr. Valliere's opinions; is that

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2 correct? Did I read that correctly?

3 A. Yes, I was retained by counsel for
4 defendants to review and respond to
5 Dr. Valliere's opinions.

6 Q. So in responding to Dr. Valliere's
7 opinions in your report, you chose not to
8 cite her actual report; is that true?

9 MS. CARITIS: Objection. Form.
10 Misstates the report.

11 A. I believe my report is in direct
12 response to Valliere's opinions. Whether or
13 not it includes a specific page number, I
14 wasn't aware that that would be kind of
15 problematic in this regard. But you're
16 correct, I'm looking at the report and I
17 don't think I provide a specific page number.
18 However, I'm absolutely responding to her
19 report.

20 Q. Okay. But would you think that is
21 something important to do when you're
22 drafting a rebuttal report?

23 A. As I --

24 MS. CARITIS: Sorry, Doctor. Just
25 let me get --

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2 THE WITNESS: Yeah, you go ahead.

3 MS. CARITIS: Objection. Form.

4 You may answer.

5 A. As I've said, this is the first
6 work that I've done in an expert report. So
7 if there are standards that page numbers are
8 needed for this kind of report, I was not
9 aware of that.

10 Q. So it's not were they're needed.
11 My question to you is, you're a psychologist
12 who holds precision in high regard, as you've
13 testified to earlier. And so in your
14 rebuttal report, I am just noting that you
15 didn't cite to Dr. Valliere's report.

16 So was that not important to you
17 sitting here today to do so?

18 MS. CARITIS: Form.

19 A. I would disagree that I'm not
20 referencing her report. My report is in
21 direct relation to Dr. Valliere's opinions.

22 Q. Doctor, in your work outside
23 litigation when you cite to materials you
24 consider -- scratch that.

25 Doctor, in your work outside this

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2 litigation, you cite to materials you
3 consider, yet in providing your rebuttal
4 report, you do not cite to any of Uber's
5 underlying documents that Dr. Valliere relied
6 on in forming her opinions; is that true?

7 A. Yes, I don't include -- if you're
8 looking for page numbers or specific
9 references to Uber documents, I don't cite
10 those in the report.

11 Q. So in the report, you don't cite to
12 one single internal Uber study; is that
13 correct?

14 A. My report is very specific to
15 Dr. Valliere's report.

16 Q. Okay. And you understand the
17 purpose of Dr. Valliere's report -- scratch
18 that.

19 Doctor, are you aware that
20 Dr. Valliere reviewed countless depositions
21 in forming her opinions of Uber employees?

22 MS. CARITIS: Objection. Form.

23 A. Depositions are cited in her
24 report.

25 Q. Are you aware that she reviewed

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2 countless Uber internal documents to provide
3 her opinions in her report?

4 A. Uber documents are also cited in
5 her report.

6 Q. And she cites to those throughout
7 her report, correct?

8 A. She does.

9 Q. And she cites to deposition
10 testimony as well, correct?

11 A. She does.

12 Q. And she cites to Uber analysis, she
13 cites to Uber data, correct?

14 A. She does.

15 Q. And in your report, you don't cite
16 to any Uber documents that she relied on to
17 form her opinions; is that true?

18 A. Purpose of my report was not to
19 analyze Uber documentation, it was to provide
20 a scientific review of Dr. Valliere's report.

21 Q. Okay. Let's pull up actually your
22 report again, which is Exhibit 1, page 3.
23 And the first sentence there, can you read
24 that to me?

25 A. I was retained by counsel for

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2 defendants to review and respond to
3 Dr. Veronique Valliere's opinions regarding
4 the Uber Rideshare platforms, drive sign-up
5 and screening process, environmental
6 safeguards and risk reduction measures and
7 the sufficiency of its sexual misconduct
8 taxonomy.

9 Q. So Dr. Valliere's reports and her
10 opinions were about Uber's rideshare
11 platform; is that correct?

12 A. Yes, I believe that's correct.

13 Q. And you were hired -- retained by
14 counsel for defendants to respond to those
15 opinions about the Uber Rideshare platform,
16 correct?

17 MS. CARITIS: Form.

18 A. Yes. I was retained to review and
19 evaluate her report.

20 Q. Regarding the Rideshare -- Uber
21 Rideshare platform; is that right?

22 A. Yes, I'm sorry if I'm -- I'm
23 missing the question here.

24 Q. Dr. Valliere's opinions were
25 regarding the Uber Rideshare platform, and

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2 you were responding to those opinions in your
3 rebuttal report, correct?

4 A. Yes, her report is about the Uber
5 Rideshare platform, and my rebuttal is in
6 response to Dr. Valliere's report.

7 Q. And your report does not include a
8 single citation to any of Uber's documents;
9 is that correct?

10 (Audio distortion.)

11 A. There's no citation with respect to
12 Dr. Valliere's report and I did not cite the
13 secondary sources that she referenced.

14 Q. Doctor, you're aware that
15 Dr. Valliere reviewed countless depositions
16 and Uber internal documents to arrive at her
17 opinions, correct?

18 A. Yes, I see the -- I see what she
19 cited in her report.

20 Q. But you didn't include that in your
21 analysis -- in your rebuttal, right?

22 MS. CARITIS: Form.

23 A. I wouldn't -- I wouldn't agree with
24 that. I've reviewed her report and her
25 analysis of those documents.

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2 Q. So where would I find your
3 consideration of those internal Uber
4 documents in your report? Can you please
5 look through your report and tell me where I
6 would find your discussion of Uber documents
7 that Dr. Valliere reviewed in your report?

8 MS. CARITIS: Objection. Form.

9 A. My task was to review
10 Dr. Valliere's opinions in the report. I was
11 not engaged to evaluate Uber documents. My
12 opinions are very specific to a scientific
13 analysis of the suggestions that Valliere
14 proposes for prevention and screening.

15 Q. You didn't answer my question.

16 My question is, where would I find
17 your consideration of those internal document
18 in your report?

19 MS. CARITIS: Form.

20 A. Yeah, I think the -- the -- a key
21 consideration is just because something isn't
22 cited with a page number doesn't mean it's
23 not considered. So I think it's difficult to
24 say, is it everywhere, is it somewhere? My
25 perspectives are specific to Valliere's

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2 reports and -- and how she's referencing
3 those documents. I'll take it -- I take it
4 all together. So I would have to just say
5 that just because there isn't a page number
6 cited, that these aren't something that I
7 read and considered. I read and considered
8 the ones that were relevant in helping to
9 form my opinion.

10 MS. LUHANA: Move to object as
11 unresponsive.

12 Q. Let's go back to my question.
13 Let's focus on that.

14 MS. LUHANA: Candida, can you
15 repeat my question?

16 (Referred to portion of the record
17 was read back by the court reporter.)

18 Q. Uber's internal documents, where
19 would I find that -- let's retract that
20 question.

21 Where would I find your discussion
22 of Uber's internal documents that
23 Dr. Valliere considered in forming her
24 opinions in your report?

25 MS. CARITIS: Form.

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2 A. (Document review.)

3 Do you mind repeating the question
4 one more time?

5 Q. Where would I find your discussion
6 of Uber's internal documents that
7 Dr. Valliere considered in forming your
8 opinions in your report?

9 A. My report is specific to
10 Dr. Valliere's opinions. My report does not
11 include a page number reference to the Uber
12 internal documents.

13 Q. That's not -- I didn't ask for a
14 page number reference, Doctor. My question
15 is pretty simple. Where would I find your
16 discussion of Uber's internal documents that
17 Dr. Valliere considered in forming her
18 opinions in your report.

19 Are there -- are they anywhere to
20 be found in your report? And if so, can you
21 please provide them to me right now?

22 MS. CARITIS: Form.

23 A. Yeah, my task was not to review
24 Uber internal documents, it was to respond
25 specific to Valliere's report.

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2 Q. Doctor, Dr. Valliere's report
3 considered Uber internal documents, you're
4 aware of that, right, in arriving to your
5 opinions?

6 A. Yes.

7 Q. But your task wasn't to evaluate
8 those opinions and discuss that in your
9 rebuttal report?

10 MS. CARITIS: Form.

11 A. That's not what I said. I said my
12 task was to respond to Dr. Valliere's report.
13 I acknowledge that she cites Uber documents.
14 Reviewing, kind of, citing Uber documents was
15 not a part of my methodology.

16 Q. So we both agree that Dr. Valliere
17 reviewed internal Uber documents, correct?

18 A. Dr. Valliere has internal Uber
19 documents in her report, yes.

20 Q. And Dr. Valliere considers those
21 documents in forming her opinions, you would
22 agree?

23 MS. CARITIS: Form.

24 (Audio distortion.)

25 MS. CARITIS: We lost you there,

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2 Doctor. I think when you sit back --

3 THE WITNESS: I'm sorry.

4 MS. CARITIS: Yeah.

5 A. So in reviewing Dr. Valliere's
6 methodology, I believe she talks about review
7 of internal Uber documents as a component of
8 her report.

9 Q. But you know where in your report
10 discuss those internal Uber documents that
11 helped form her opinions; is that true?

12 MS. CARITIS: Form.

13 A. Yeah, my task was to evaluate the
14 opinions of Dr. Valliere, not to evaluate
15 Uber internal documents.

16 Q. But part of Dr. Valliere's opinions
17 consisted of a review of Uber's internal
18 documents, you'd agree with that, right?

19 A. That seems fair.

20 Q. And yet, you have no discussion of
21 those internal Uber documents in your report,
22 correct?

23 A. My task was to review
24 Dr. Valliere's opinion. Insomuch as she
25 references those documents, those were also

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2 things that were taken into account. I don't
3 discuss the Uber internal documents
4 specifically in my rebuttal report to
5 Dr. Valliere. That wasn't the task that I
6 was assigned.

7 Q. Do you discuss them anywhere
8 generally in your report, Uber internal
9 documents? Actually, retract that.

10 Doctor, let's pull up your report,
11 which is Exhibit 1. And let's go to the last
12 page of your report, which is page 13.

13 Doctor, this is your signature,
14 correct?

15 A. It is.

16 Q. And when did you sign this report?

17 A. The day that I provided it to
18 counsel, right around the last week of
19 October. I could check the exact date on the
20 invoice, probably be right around the 24, I
21 believe. I'm guessing on that. So right
22 around the 24th is my guess without...

23 Q. Okay. And you drafted this final
24 report, correct?

25 A. I did.

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2 Q. Okay. Let's turn to page 12.

3 Let's zoom in on Section 8, scroll down a
4 bit.

5 Doctor, do you see on page 12 here
6 of your report that Kirkland & Ellis
7 International, LLP footer?

8 A. I do. I don't know how that got in
9 there, but I would welcome the opportunity
10 to -- it's almost like the footer got put up
11 into the document, so I would welcome the
12 opportunity to provide a document with that
13 cut and paste out of there. I'm not sure how
14 that got in there.

15 Q. Where did you get that footer from?

16 MS. CARITIS: Form.

17 A. I am not sure how that got put into
18 the PDF copy.

19 Q. My question was different. Where
20 did you get that footer from?

21 MS. CARITIS: Form.

22 Q. It's your final report that you
23 signed, you just testified to that, correct?

24 MS. CARITIS: Form.

25 A. Yes, I would be happy to provide an

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2 updated copy.

3 Q. That wasn't my question, Doctor.

4 My question is, this is -- you just
5 testified that you signed off on this final
6 report; is that correct?

7 A. Yes, this is the final report. I
8 would be happy to correct the typo.

9 Q. Doctor, my question is, where did
10 you get this footer from -- withdraw that
11 question.

12 Doctor, defense counsel here today
13 representing you and who retained you is from
14 Kirkland & Ellis; is that correct?

15 A. That's correct.

16 Q. And this is a Kirkland & Ellis
17 International, LLP footer in your final
18 report; is that correct?

19 A. I'm not sure if it's a footer, but
20 it is absolutely -- absolutely the name of
21 the LLP.

22 Q. Where did it come from?

23 MS. CARITIS: Form. Asked and
24 answered.

25 A. I'm afraid I can't let you -- I'm

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2 not sure how to answer it, how it got there.

3 Q. So you have no idea how this footer
4 got into your report?

5 A. I do not.

6 Q. Let's go to page 3 of your report.
7 And under Assignment and Methodology, it's
8 the sentence before -- it's the end of the
9 paragraph, the sentence before the last
10 sentence:

11 All of the opinions I offer in this
12 report are held to a reasonable degree of
13 psychological certainty.

14 Doctor, you've expressed all your
15 opinions to a reasonable degree of
16 psychological certainty, correct?

17 A. Yes, I feel like the opinions that
18 I offer in this report are to the best of my
19 knowledge.

20 Q. Well, you didn't say to the best of
21 your knowledge. You said to a reasonable
22 degree of psychological certainty.

23 So I'm just confirming that you've
24 expressed your opinions to a reasonable
25 degree of psychological certainty as you

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2 stated here in your report; is that correct?

3 A. Yes, that's correct.

4 Q. Do you normally express your
5 opinions to a reasonable degree of
6 psychological certainty?

7 MS. CARITIS: Form.

8 A. In professional practice? When I'm
9 at the grocery store? I'm not really sure
10 what you're getting to there.

11 Q. Well, you're here as an -- in an
12 expert capacity, so I'm focused on your
13 professional expert capacity here.

14 A. Okay.

15 Q. And I'm focused on the report,
16 Doctor, that's before you on the screen.

17 A. Okay, that's helpful.

18 Absolutely, when I'm working in a
19 professional context, I try to be as
20 scientific and precise as possible.

21 Q. So you normally express your
22 opinions to a reasonable degree of
23 psychological certainty; is that correct?

24 A. If I'm understanding what you mean
25 by that correctly, yes.

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2 Q. Well, those aren't my words,
3 Doctor, those are your words. So I'm just
4 asking you, this is normally how you express
5 your opinions. It's not a trick question,
6 you have it in your report and you've
7 included this in your report. So my question
8 to you is, you are expressing your opinions,
9 do you normally do -- scratch that.

10 So do you normally express your
11 opinions to a reasonable degree of
12 psychological certainty as you stated here in
13 your report?

14 A. Yes, the opinions I offer in the
15 report are expressed to a reasonable degree
16 of psychological certainty.

17 Q. Okay. So reasonable degree of
18 psychological certainty, what percentage is
19 that to you?

20 A. That's an interesting question. I
21 don't think I've ever put a number to it.

22 Q. Okay. Well, I would like you to
23 express what percentage of certainty do you
24 have in this case?

25 MS. CARITIS: Objection. Form.

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2 A. I don't think I can answer that
3 question. I'm not really sure how to put a
4 numerical value to an expression of
5 scientific confidence.

6 Q. You said "reasonable degree," what
7 is reasonable degree to you; is it
8 50 percent, is it 75 percent? I'm just
9 trying to get an understanding what a
10 reasonable degree of psychological certainty
11 is to you in a percentage.

12 MS. CARITIS: Form.

13 A. Yeah (audio distortion).

14 THE COURT REPORTER: I'm sorry.
15 You broke up again.

16 THE WITNESS: Oh, sorry. I will
17 speak louder.

18 A. I'm not sure how to answer that and
19 put it in a percent form.

20 Q. So you can't, sitting here --
21 sitting here today, express what percentage
22 of certainty you're expressing your opinions
23 to in this case; is that correct?

24 MS. CARITIS: Form.

25 THE WITNESS: Sorry, Alexandra.

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2 A. This is really a qualitative
3 concept to me. To a reasonable degree is
4 something that I think of as a qualitative
5 concept that you're reasonably sure. It's
6 not something I thought of as a percentage.

7 Q. Okay. So you have no opinion today
8 on what percentage of certainty you have in
9 this case that you've expressed your opinions
10 to?

11 MS. CARITIS: Form.

12 A. I'm not quite sure how to put
13 certainty in a percentage form.

14 Q. Would you be able to estimate for
15 me?

16 MS. CARITIS: Form.

17 A. The question doesn't feel really in
18 my expertise. I'm a scientist, so kind of
19 knowing what, you know, how to put this into
20 a percentage form, I don't have a benchmark
21 to do that.

22 Q. Okay. Set that aside, let's take
23 this down.

24 Doctor, how did you prepare for
25 your deposition?

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2 A. I reread my report. I reread
3 Valliere's report. Also had the opportunity
4 to meet with counsel so they could tell me a
5 little bit about what this process might be
6 like.

7 Q. Okay. And what did you review --
8 let me ask this. Did you -- scratch that.

9 Did you individually prepare for
10 this deposition?

11 A. Do you mean spending time on my
12 own?

13 Q. Correct.

14 A. Yes.

15 Q. Okay. So what did -- tell me
16 everything you did individually to prepare
17 for your deposition?

18 A. I reread the report that I wrote
19 and I reread Valliere's report.

20 Q. And when did you do that?

21 A. This morning as well as also
22 sometime over the past couple of days.

23 Q. And how many hours did you spend
24 doing so?

25 A. So there's hours documented on the

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2 invoice that I believe were for the 7th of
3 November, so a few hours reading there. And
4 then since I submitted the invoice, I've also
5 had sometime reviewing the report, so say
6 several additional hours of reading and
7 familiarizing myself.

8 Q. Actually, that's a good idea.
9 Let's put the invoice up, which is Exhibit 3
10 so we can walk through it. Let's scroll
11 down.

12 And Doctor, you reference the
13 November 7th deposition prep, and I see
14 you've noted here deposition preparation on
15 November 5th, 6th and 7th; is that correct?

16 A. Yes.

17 Q. And I think there's a typo there
18 because I believe that should be November 6,
19 2025, correct?

20 A. Yes, that is -- that should be
21 2025.

22 Q. Okay. And so this preparation that
23 you did for your deposition, did you do on
24 your own without counsel?

25 A. So there were sessions with counsel

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2 and also sessions without counsel.

3 Q. Okay. So let's speak about that.

4 So did you meet with counsel to
5 prepare for your deposition?

6 A. Yes. As I mentioned, I met with
7 them, they walked me through some points of
8 what to expect.

9 Q. When was that?

10 A. So I think we had the meetings on
11 the 5th and the 7th and then I reviewed
12 documents in between. So then my independent
13 review was on the 6th.

14 Q. Okay. So you met with counsel on
15 the 5th for 1.5 hours and then again on the
16 7th for two hours; is that correct?

17 A. Yes, that's correct.

18 Q. And who did you meet with?

19 A. Alexandra and also Chris.

20 Q. And how did you meet with them?

21 A. Via Zoom, like a tele Teams
22 meeting.

23 Q. Okay. And did you meet with them
24 again to prepare for your deposition after
25 that point, after November 7th?

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2 A. No. I've met with them, we
3 touched base in the morning to make sure
4 everything -- my comms were working okay, so
5 I saw them this morning.

6 Q. Okay. So that's -- you prepared
7 with counsel for 3.5 hours before this
8 deposition. And how long did you meet with
9 them today?

10 A. About 15 minutes this morning.

11 Q. Okay. And did you prepare with
12 them otherwise beyond that time that you just
13 discussed?

14 A. No.

15 Q. Okay. Did you meet with anyone
16 outside of counsel to prepare for this
17 deposition?

18 A. No.

19 Q. Okay. And so in terms of preparing
20 for this deposition, you said you had spent
21 two hours on November 6th doing review on
22 your own, correct?

23 A. Yes.

24 Q. Did you talk to any other defense
25 experts in preparing for your deposition?

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2 A. No.

3 Q. And so Doctor, the total amount
4 of -- you've been compensated thus far for
5 your work in this case is \$14,000 -- \$14,125;
6 is that right?

7 A. This is the invoice I've submitted,
8 I haven't received any compensation so far,
9 but this invoice has gone in.

10 Q. Okay. And what is your expert --
11 your expert rate is \$500 per hour?

12 A. Yes.

13 Q. How did you come up with that
14 amount?

15 A. I consulted a colleague who does
16 this work who suggested this amount.

17 Q. Who did you consult with?

18 A. A colleague who also does expert
19 witness testimony.

20 Q. And what's the colleague's name?

21 A. His name is Dennis Reidy.

22 Q. And what is his title?

23 A. Dr. Dennis Reidy, he's a former CDC
24 employee and a faculty member at Georgia
25 State University.

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2 Q. Okay. Has he consulted with
3 Kirkland & Ellis before, to your knowledge?

4 MS. CARITIS: Form.

5 A. Yeah, I'm not aware.

6 Q. Okay. So Doctor, in going through
7 your invoice, I would like you to walk me
8 through this.

9 You said you had reviewed
10 Dr. Valliere's report, correct, initially --

11 A. Yes.

12 Q. -- when you were retained?

13 And so where is that reflected on
14 your invoice?

15 A. I didn't charge for any pre-review
16 that I did for the case when I was deciding
17 whether or not to take this on.

18 Q. So your time for the pre-review is
19 not reflected on your invoice?

20 A. It was before I was retained. So
21 being new to this work, I didn't have any
22 agreement to charge for any hours, so it
23 didn't feel fair to me to expect someone to
24 pay me for time before I was officially
25 hired.

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2 Q. So -- okay. So when was that?

3 A. So those were the days -- so after
4 I was provided with a disclosure agreement, a
5 confidentiality agreement, I was provided
6 with the materials, had some time to decide
7 whether or not I felt like this was something
8 that I could take on. So that time before I
9 received an official retainer agreement, I
10 didn't charge for any of those hours.

11 Q. So Doctor, before you were retained
12 in the case, defendants gave you
13 Dr. Valliere's report and all the documents,
14 and you pre-reviewed those documents?

15 MS. CARITIS: Objection. Form.

16 A. No. So what I'm speaking about is
17 when this case was introduced to me, when
18 this opportunity to provide the rebuttal was
19 provided to me, I did not charge for any of
20 that consideration of whether this was a task
21 that I would want to take on.

22 Q. So when were you contacted to do
23 so?

24 A. I believe right around October 8th.

25 Q. By who?

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2 A. By --

3 (Cross-talk.)

4 THE COURT REPORTER: I'm sorry,
5 by -- there was cross-talk there, I
6 think. Was there an objection,
7 Alexandra?

8 MS. CARITIS: Form.

9 THE COURT REPORTER: And your
10 answer, Doctor?

11 A. Yes, contacted by Chris Talbot.

12 Q. And what did he provide you with?

13 MS. CARITIS: Form.

14 A. He didn't provide me with anything.
15 He asked if I would be interested in talking
16 about, you know, my expertise and its
17 relevance.

18 Q. Got it. So it was just a
19 conversation with Mr. Talbot?

20 A. Yeah.

21 Q. Understood.

22 So my question was about, that was
23 pretty roundabout, I apologize for that,
24 there was a disconnect here.

25 So my question is, is: You

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2 reviewed Dr. Valliere's report. And so is
3 that reflected as the initial case review on
4 this invoice?

5 A. So to clarify, I think there's two
6 times that -- so there was a period when I
7 looked at the report and just needing to say,
8 like, is this something I could take on and
9 offer an opinion on. And so that initial --
10 so that's not the work on 10/11, so that was
11 after I was reviewed and started, you know,
12 really analyzing was on the 11th. But
13 there's that time before where -- where I was
14 provided with a confidentiality statement
15 that allowed me to look and see is this
16 something I can take on. So any
17 consideration that I did before that is not
18 reflected on the invoice, it wasn't something
19 that I felt like I could charge for because I
20 wasn't specifically retained on the case.

21 Q. Okay. So tell me everything you
22 did there before you were retained on this
23 case. Because all work prior to your
24 retention wouldn't be confidential, so I want
25 to know every conversation you had, exactly

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2 what was done.

3 A. So I talked with Chris Talbot,
4 Alex, I think other legal professionals such
5 as Alex around these calls. They wanted to
6 learn about my expertise, kind of my work in
7 sexual assault prevention, kind of what kind
8 of scientific experience that I have that is
9 relevant to prevention of sexual violence.

10 Q. And so how long was that
11 discussion?

12 A. I would say like a half-hour call.

13 Q. Okay. Anything else before the
14 October 11th date on your invoice of what you
15 did?

16 A. There might've been more than one
17 call. Again, I'm new to this arena of doing
18 any kind of expert analysis, so I believe I
19 met for two -- two calls with the team, yeah.
20 Two calls with the team just to discuss the
21 process, what would be expected of me and my
22 relevant expertise.

23 Q. And how long were those calls?

24 A. I would say about a half-hour.

25 Q. Okay. So in total, three calls or

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2 in total two calls that are half-hour each?

3 A. Either two or three. I'm not sure.

4 I could look on my calendar to find out.

5 Q. Okay. Anything else?

6 A. No, not that I can think of.

7 Q. Okay. So let's start with your

8 invoice now on October 11th.

9 What is initial case review?

10 A. So that, I read and reread
11 Valliere's report, and going through,
12 looking, kind of tracing out documents that
13 kind of -- ones that interested me, I would
14 take a look and start to form opinions.

15 Q. And so how long was the initial
16 case review for you, if you had to break it
17 down? I see that you noted 3.5 hours for
18 initial case review and document analysis.
19 So if you could break that up for me, that
20 would be helpful.

21 MS. CARITIS: Form.

22 A. I'm not quite sure how to break it
23 up. So like when I review a document, I'll
24 kind of look at secondary sources as they're
25 of interest to me, so I would think of those

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2 two links as linked together.

3 Q. Okay. So Dr. Valliere's report is
4 about 48, 49 single space pages. So roughly,
5 how long did you take to review that report
6 in the first -- on October 11th?

7 A. I would -- I have documented
8 3.5 hours.

9 Q. So that was all the time you took
10 to review her report then?

11 MS. CARITIS: Form.

12 A. On this day, yes.

13 Q. And then research, literature
14 review, document analysis, can you break down
15 the time as to how much you spend doing each?

16 MS. CARITIS: Form.

17 A. No, I don't. I'm afraid I can't
18 differentiate between the amount of time for
19 each. Oftentimes my processing, you know,
20 looking things up, reading an article, going
21 back to the main source, so it -- I would say
22 it's more integrated.

23 Q. Okay. So this literature review
24 noted on 10/14 and literature review on
25 10/15, what does that consist of?

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2 A. When looking at the literature, I'm
3 looking to see what articles have been
4 published.

5 Q. Okay. What type of articles and
6 are they referenced anywhere?

7 A. Yeah. So articles that were useful
8 for my report are all materials references in
9 the materials cited section.

10 Q. Okay. So the articles you
11 considered for this literature review are
12 included in Exhibit B of your report?

13 A. Yes, I -- there are other things
14 that, you know, if I'm looking up on like a
15 PubMed search and something isn't, you know,
16 literature is broad, so there may be things
17 that you come across that just aren't
18 relevant to the task at hand. But the ones
19 that were relevant to my opinion are included
20 in Exhibit B.

21 Q. So it looks like the maximum amount
22 of time that you have literature review noted
23 on this invoice is four hours; is that
24 correct? That would be the max because it
25 includes the research and document analysis;

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2 is that accurate, Doctor?

3 I didn't hear you, I'm sorry.

4 A. Oh, apologies. Yes, four hours for
5 literature review.

6 Q. Which would be, as I said, the
7 maximum because it includes research and
8 document analysis as well; is that correct?

9 (Audio distortion.)

10 THE COURT REPORTER: I'm sorry,
11 Doctor. There was distortion again.

12 THE WITNESS: Oh, sorry. Okay.

13 A. Yeah. So when I'm preparing the --
14 under draft expert report preparation as
15 well, I wouldn't exclude kind of looking up
16 an additional article when doing that as
17 well. But that time focused on 10/14 and
18 10/15 was more focused on reviewing the
19 literature.

20 Q. Okay. Did you review the
21 literature Dr. Valliere cited in her report
22 or would that be reflected on your invoice?

23 A. So there was very little citation
24 to review from Dr. Valliere's report. So
25 when I'm thinking of literature review, I

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2 would define that as going out to do searches
3 of the literature, not specific to reviewing
4 Dr. Valliere's report.

5 Q. Okay. Doctor, and I noted, like,
6 in your report in Exhibit B, I think you cite
7 about over, like, 60 publications. And so it
8 took you about four hours to do that; is that
9 right?

10 MS. CARITIS: Form.

11 A. Yes.

12 THE WITNESS: I'm sorry, Alex.

13 Q. In terms of drafting your expert
14 report, how long did that take you?

15 A. If we were to add up the hours from
16 the 17th to the 24th.

17 Q. Well, I want to understand, yeah,
18 how much total time you spent on drafting
19 your expert report. I want to have an
20 understanding, Doctor, like how much time you
21 spent on document analysis and how much time
22 you spent on drafting your report. So if we
23 can try to assess that based on this invoice,
24 that would be helpful.

25 So let's start with how long you

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2 took to draft your expert report. How long
3 did you take to draft your report?

4 A. So I would count up the hours from
5 the 17th to the 24th, so the 17th is when I
6 started writing.

7 Q. Okay. So it looks like about
8 21 hours; is that correct?

9 A. So the time between the --

10 Q. I apologize, that's wrong.

11 A. We're both checking our math here.

12 MS. CARITIS: We're all not
13 mathematicians for a reason.

14 A. So the time between the 17th to the
15 24th is closer to 13.

16 Q. 13.5 hours, that's correct, right?

17 A. I don't have my calculator out
18 here, but that sounds about right.

19 Q. Okay. And so that also includes
20 document analysis time, right?

21 A. Yeah. So as I was working on the
22 report, I was going back and forth between
23 the Valliere report and also the opinions
24 that I was formulating and writing.

25 Q. So if you were to give an estimate,

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2 what estimate would you give that you took to
3 draft your report based on your invoice here?

4 MS. CARITIS: Form.

5 A. So if we consider it as a gestalt,
6 I would include all the time before
7 deposition preparation, does it all fit
8 together to help me form the opinion. If we
9 want to get really precise in writing time,
10 we can start from the 17th onward, but if --
11 so let's say if there were 5 and a half hours
12 of deposition preparation and 28.25 total
13 hours, that would be 23. -- 22.75.

14 Q. Doctor, that's just removing the
15 deposition prep, I understand that would be
16 22.7 hours.

17 And so in terms of drafting your
18 report, like we said, based on this invoice,
19 it looks like about 13 hours were spent at
20 maximum drafting your report, would you agree
21 with that?

22 MS. CARITIS: Form.

23 A. I would say 13 hours writing, but
24 the time beforehand was also useful in
25 putting together the analysis.

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2 Q. And it looks like the maximum
3 amount, if I've calculated it correctly, of
4 document analysis is about 21 hours; is that
5 correct?

6 A. That sounds about right.

7 Q. Okay. So it looks like the total
8 amount of time that you spent on initial case
9 review, document analysis, your literature
10 review and preparing your report, the total
11 is 22.75 hours; is that right?

12 A. That sounds right.

13 Q. Okay. And part of that time, we
14 don't know how much, but part of that time
15 the maximum of which included document
16 analysis, which could've been 21 hours, but
17 that includes drafting your report; is that
18 right?

19 A. I'm sorry, I got lost in that
20 question.

21 Q. So it looks like -- I'm trying to
22 understand how much time you spent on each
23 task and your invoice breaks it down some,
24 right? And so it looks like you spent a
25 total of 22.75 hours doing all your work in

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2 this case outside of deposition preparation,
3 correct?

4 A. Yes.

5 Q. Okay. And now I'm trying to
6 understand how much time you spent on
7 document analysis, and it looks like document
8 analysis combined with a number of other
9 tasks, the max you spent on document analysis
10 is 21 hours; is that correct?

11 A. Okay. So we get to that number by
12 having the 27 -- wait, we get to that number,
13 but with the 22.75, we take out the phone
14 call, that sounds about right.

15 Q. Okay. Are there any bills that you
16 haven't submitted -- that you've been
17 submitted that not -- haven't been paid yet?
18 I guess this one.

19 A. Yeah, this is the only bill
20 submitted. I spent sometime since the 7th
21 continuing to read over and then any time
22 today, so that will all -- so nothing since
23 the -- everything is included on this
24 invoice.

25 Q. Okay.

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2 MS. LUHANA: And Lance, can we
3 pull up -- I don't think we marked it
4 yet, let's mark it as Exhibit 4, which
5 is RL4, which is Dr. Valliere's report
6 from September 26, 2025. And let's go
7 to -- let's go to page -- I believe
8 it's 49 of the report. Okay. That's
9 good.

10 (Exhibit 4, Report of Veronique
11 Valliere, was marked for
12 identification.)

13 Q. So Dr. Orchowski, as you could see
14 this is Dr. Valliere's report, correct?

15 A. That's correct.

16 Q. And this is -- this is her
17 references to the report, so you have that
18 page. Let's -- so it lists a number of
19 references. And let's now scroll to page 50
20 as well. And now let's go to --

21 MS. CARITIS: Sorry, I just want
22 to take a -- I couldn't really see it.
23 Could you make it like a full page?
24 Is that possible? Perfect, thanks so
25 much.

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2 Q. Now let's go to page 51.

3 Doctor, this is Dr. Valliere's list
4 of materials considered. And as you can see
5 these are all the documents, the deposition
6 transcripts of Uber witnesses, in addition to
7 other witnesses that she had reviewed and
8 including their exhibits. So that list is
9 here. And if we scroll to the next page,
10 you'll see additional depositions, it's over
11 60 some depositions, each hundreds of pages
12 and numerous exhibits. And then you note
13 here the pleadings, which I had asked you
14 about, which you weren't able to recall, the
15 master complaint and things are listed here.

16 And then if we go to the next page,
17 then these are all the documents that she had
18 specifically cited in her report which number
19 in the hundreds, 3, 400, and they go pages
20 and pages and pages. Let's keep on going
21 through these pages.

22 Do you see that reflected here in
23 her materials considered list where she cites
24 all the documents that are reflected in her
25 report? Do you see that, Doctor?

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2 A. Yes, I see them on the page.

3 Q. Okay. And your testimony here
4 today is that in 21 hours you reviewed all of
5 these documents that Dr. Valliere considered
6 to form her opinions and drafted your report
7 and reviewed Dr. Valliere's report; is that
8 correct? Is that your testimony today?

9 MS. CARITIS: Objection. Form.

10 A. Yeah, I disagree with that
11 statement. So as I mentioned earlier in my
12 methodology when I reviewed the report, I
13 would look at the primary search documents
14 that felt relevant to my scientific analysis.

15 Q. Doctor, we're not discussing
16 feelings here. How did you decide what felt
17 relevant to your opinions?

18 MS. CARITIS: Objection. Form.

19 A. Yeah, I'm happy to change my
20 language there.

21 So when doing the analysis,
22 documents that were relevant to the analysis
23 I had the opportunity to take a look at in
24 order to inform my opinion.

25 Q. So you didn't review all the

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2 documents that Dr. Valliere considered to
3 form her opinions?

4 A. That's correct. My analysis
5 focused on the opinions presented in her
6 report specific to the prevention of sexual
7 violence and my scientific expertise.

8 Q. So how did you determine which
9 documents to review and not review? I would
10 like a list of those documents that you
11 actually reviewed to come to your opinions.

12 MS. CARITIS: Objection. Form.

13 If we're gonna make that a request for
14 every expert, we're both gonna to be
15 in for it.

16 But Doctor, to the extent you can
17 recall sitting here today, document --
18 specific documents you reviewed, of
19 course you can speak to that.

20 A. Yeah, I would need sometime to go
21 back and consider that request.

22 Q. So Doctor, sitting here today,
23 which of Dr. Valliere's opinions were
24 specific to the prevention of sexual
25 violence?

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2 A. Yeah, I'm happy to outline those in
3 the opinion section of my report where I have
4 specific opinions noted that are relevant to
5 scientific -- scientific approaches to the
6 prevention of sexual violence. I'm happy to
7 go through that section of my report.

8 Q. However, I'm focused on
9 Dr. Valliere's report because you were
10 responding to Dr. Valliere's report. And I
11 want to know, going through Dr. Valliere's
12 report, which opinions did you consider were,
13 as you said, specific to the prevention of
14 sexual violence in her report? So let's
15 actually --

16 A. Yeah, yeah. Actually, I have one
17 and I can kind of change the statement that I
18 made earlier. So --

19 Q. Dr. Valliere -- I mean,
20 Dr. Orchowski, I want to turn to
21 Dr. Valliere's report.

22 MS. CARITIS: She was answering
23 your question, Roopal. Are you
24 withdrawing that question?

25 MS. LUHANA: No, I said I'm

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2 focused on Dr. Valliere's report. So
3 I want to go to Dr. Valliere's report,
4 that's my question.

5 MS. CARITIS: You asked another
6 question, but that's fine.

7 MS. LUHANA: No, that actually is
8 the last question, Counsel, I see
9 here.

10 Q. So I want to turn to Dr. Valliere's
11 report, which is Exhibit 4. So --

12 MS. LUHANA: Actually, take this
13 down. Let's take a five-minute break.
14 Is that fine, Doctor?

15 THE WITNESS: Yeah, that's great
16 timing. Thank you.

17 THE VIDEOGRAPHER: All right. The
18 time is 16:24 UTC time and we are off
19 the record.

20 (Off the record.)

21 THE VIDEOGRAPHER: The time is
22 16:36 UTC time and we're back on the
23 record.

24 BY MS. LUHANA:

25 Q. Doctor, let's go to Exhibit 1,

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2 which is your report, and in particular
3 Exhibit A to your report. I want to just
4 talk about your CV.

5 So is your CV up to date?

6 A. This is dated 8/26/25. I believe
7 it is accurate to the best of my knowledge.
8 I do my best to keep up with it. And it's 80
9 pages, so it gets a little unwieldy
10 sometimes.

11 Q. Doctor, it looks like it was
12 updated August 26, 2025, correct?

13 A. Yes, so that is the date for this
14 version.

15 Q. Why did you update it then, do you
16 know?

17 A. I try to do my best to update it as
18 often as I can. And quite honestly,
19 sometimes I'll do continual updates to it, so
20 you might find some things on here that were
21 published more recently, but I didn't change
22 that updated kind of header at the top. So,
23 I'm aware -- I'm aware of that. So that is
24 definitely when I updated that header, but I
25 wouldn't be surprised if there's some more

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2 recent things on here. So things change
3 often on a daily with new work coming out.

4 Q. Okay. We just request to the
5 extent you update your CV, please provide a
6 copy of it in advance of trial if you're
7 testifying, okay?

8 A. Yes, happy to do it.

9 Q. Have you done any work with public
10 transit agencies?

11 A. So Rhode Island Department of
12 Transportation was interested in some drunk
13 driving prevention, so I know I've gone to
14 their conference. But I haven't, you know,
15 been employed by Department of Transportation
16 specifically, but I recall going to one of
17 their conferences specifically related to
18 drunk driving prevention.

19 Q. You attended one of their
20 conferences, but I haven't done any work for
21 them?

22 A. No, I haven't been employed by
23 RITO -- RITA.

24 Q. Okay. And then how about any other
25 transportation work have you done?

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2 A. Not that I can think of.

3 Q. Doctor, you're a staff psychologist
4 with a background in clinical psychology; is
5 that correct?

6 A. That's correct. I'm a staff
7 psychologist, my background is in patient and
8 clinical psychology. I have specializations
9 in applied quantitative psychology and also
10 family and child therapy.

11 Q. And you're a professor also?

12 A. Yes, professor of research.

13 Q. Okay. So does the director of
14 research advancement, is that your position
15 as a professor of research or is that
16 separate?

17 A. So I have multiple designations.
18 So I -- my faculty appointment is through the
19 Department of Psychiatry and Behavioral
20 Health, which is within our medical school
21 here at Brown. My employer is at the
22 hospital, so kind of what you would consider
23 an academic medical school, where our faculty
24 are across multiple different hospitals
25 within our ivy league system.

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2 So for my particular group at Brown
3 University Health, which includes folks
4 that -- at Miriam Hospital, Rhode Island
5 Hospital, Newport Hospital, there are several
6 hospitals employers that are through Brown
7 University Health. I serve as the director
8 of research for our particular group here at
9 the hospital.

10 Q. Okay. And so if you had a
11 breakdown -- if we had to do a breakdown in
12 terms of time allocated between your role,
13 let's say as a professor versus, you know,
14 doing research versus staff psychologist,
15 what would that be in this for this year?

16 A. This gets into, like, kind of how
17 time and effort allocations are made. So the
18 vast majority of my time is allocated to
19 research, and I had time very small amount
20 allocated to clinical work.

21 So -- but in terms of my job code,
22 my job code is as staff psychologist, and
23 then we have a certain amount of time and
24 effort, you would call it, allocated to
25 specific things that comprise our day-to-day

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2 activities.

3 Q. So can you kind of give me a
4 breakdown, like, in the week's time
5 generally, like, how much time you're
6 allocating to research versus clinical work?

7 A. Yeah, so I am over 90 percent in
8 research.

9 Q. Okay. And in terms of 10 percent
10 in clinical work, what does that consist of?

11 A. That consists of outpatient
12 psychotherapy.

13 Q. And what type of patients are you
14 treating?

15 A. My current role is in the adult
16 outpatient division, so these are all
17 individuals over the age of 18.

18 Q. Okay. And so what type of
19 disorders are you treating, or diagnoses?

20 A. So our group is really a
21 generalized practice. So it could be any
22 range of diagnoses. I'm one of the
23 clinicians that oftentimes will receive
24 referrals for substance use, PTSD, trauma
25 across lifespan, but oftentimes there's

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2 comorbid concerns that come with this, so
3 depression, anxiety. Really runs the gamut
4 and we tend to have quite a generalist,
5 eclectic caseload and outpatient division.

6 Q. So are you treating offenders who
7 commit sexual assaults in your practice?

8 A. So at the moment, I do not have any
9 offenders in my practice. So right now focus
10 predominantly on treating victims.

11 If I have -- if there's someone,
12 I'm thinking about my current caseload, I
13 wouldn't describe anyone as someone that, to
14 my knowledge, has been referred specifically
15 for offender treatment.

16 Q. Have you ever in the past treated
17 offenders, and if so, when?

18 A. Yes. So throughout my practice,
19 I've had folks that have been on my caseload
20 that come to me and disclose that --

21 (Court Reporter clarification.)

22 A. That they've harmed someone.

23 Q. Are there folks that you've treated
24 that have committed sexual assault?

25 A. I believe so, yes.

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2 Q. And when was the last time you
3 treated someone who committed sexual assault?

4 A. So this was in the case of when I
5 was at Ohio University, I was working in an
6 after hours clinic where it was very common
7 for folks to, you know, they would receive
8 notice that they had been accused of a sexual
9 assault. So I was often one of the first
10 people that they came to when they received
11 that notice from kind of what would be
12 similar to like a Title IX process.

13 Q. And when was that; you were at Ohio
14 University?

15 A. Yeah, yeah, so this was I would say
16 between like 2006 to 2008.

17 Q. Okay. And so do you treat sexual
18 assault survivors as well?

19 A. Yes, I have survivors on my
20 caseload.

21 Q. Okay. And in terms of the time
22 that you've spent on research and clinical
23 work, you describe that as 90 percent on
24 research and 10 percent clinical work; is
25 that correct?

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2 A. That would be my current breakdown.

3 When I started in this role, I was hired as a
4 full-time psychologist. I had just completed
5 a three years post-doctoral fellowship, one
6 at the Center for Alcohol and Addiction
7 Studies focused on the intersection of
8 substance use and violence. I took a third
9 year fellowship after my Ph.D. --

10 THE COURT REPORTER: Can you slow
11 down a little bit.

12 THE WITNESS: Sorry.

13 A. Yes, my third year of fellowship is
14 at Women & Infant Hospital and it was focused
15 on the intersection of HIV, STI,
16 victimization, intimate partner violence.
17 And then the first job I got here at the
18 hospital, at Rhode Island Hospital, was as a
19 staff psychologist. At the time I was
20 waiting for research money to come through, I
21 had applied for several federal grants, this
22 is back right when the -- there was a lot of
23 challenges with federal funding, so I had
24 several grants pending at the time, but kind
25 of -- I had a great fortune of a clinical

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2 position here at the hospital that was
3 affiliated with Brown University's Medical
4 School, so delighted to join the staff. And
5 then when I had some research grants that
6 started, I was able to reduce the amount of
7 time I was working clinically and then
8 increase that time that I was working in
9 research.

10 So the split between research and
11 clinical work has changed over time depending
12 on the research grants that I'd been working
13 on.

14 Q. So let's go back, like, 2023. How
15 much time was spent doing clinical work
16 generally versus research?

17 A. Same split, so predominantly
18 research.

19 Q. 90 percent research, 10 percent
20 clinical work you would say?

21 A. Yes.

22 Q. Okay. 2024, did that split change?

23 A. No, still predominantly research.

24 Q. Okay. And so when was -- when do
25 you recall it being predominantly clinical

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2 work versus research in the past?

3 A. So that would've been when I first
4 started this position, so my academic
5 appointment staff psychologist, 2012.

6 Q. And so what would the split have
7 been in 2012?

8 A. When I started, I was 100 percent
9 clinical work. And then I had a grant
10 started that moved me up to 50/50, 50 percent
11 clinical work, 50 percent research.

12 Q. And when was that grant?

13 A. So the first research grant that I
14 had funded was by the NIH, National
15 Institutes of Alcohol Abuse and Alcoholism,
16 and that was working with college men who
17 were heavy drinkers and at high risk for
18 sexual aggression to develop a sexual assault
19 prevention program for these college men with
20 a -- who are engaging in heavy drinking. So
21 I'm looking for the date of that specific
22 research grant.

23 Q. Do you recall if it was generally
24 in 2013, 2012?

25 A. That one started 2012.

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2 Q. So 2012, it shifted pretty quickly
3 to 50 percent clinical work, 50 percent
4 research. And then what about thereafter?

5 A. The next grant that was funded was
6 by the Center for Disease Control and
7 Prevention, that was preventing sexual
8 aggression among high school boys. We worked
9 with about over 20 high schools in Rhode
10 Island and in Massachusetts to implement and
11 evaluate our rape crisis center, sexual
12 assault prevention program, so that work
13 started in 2014.

14 Q. So Doctor, I'm just trying to
15 figure out, I understand you're trying to
16 provide the information as to the grants you
17 were working on, but I'm just trying to
18 understand your split between clinical work
19 and research.

20 So it looks like it shifted in 2012
21 to being 50 percent clinical work and
22 50 percent research. And then gradually, did
23 it increase to be more clinical -- I mean
24 more research, which is where you are today?

25 A. Yes, that's correct.

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2 Q. Okay. Doctor, are there any
3 instances where you issued an expert report,
4 but haven't given testimony?

5 A. No, this is my first time doing any
6 kind of expert work.

7 Q. Have you testified before Congress
8 previously?

9 A. So I previously was appointed by
10 the Secretary of Defense to a congressional
11 advisory committee called Defense Advisory
12 Committee for the Prevention of Sexual
13 Misconduct, that was DAC-PSM. So I don't
14 think that that work officially counts as
15 congressional testimony. So we were a body
16 of expert reports that was appointed by the
17 Secretary of Defense that had expertise in
18 sexual assault prevention, and our tasking
19 was to review a series of questions that were
20 -- review a series of questions relevant to
21 sexual assault prevention for the military
22 and then provide reports. I don't believe
23 that that would constitute any kind of
24 congressional testimony though. But I was
25 involved in that committee.

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2 Q. So you didn't testify before
3 Congress, correct, that's what you are
4 testifying to? That's all I'm looking for --

5 (Cross-talk.)

6 A. Yeah, yeah. No, like, oral --

7 Q. Yeah. No testimony before
8 Congress.

9 Have you ever testified before a
10 Grand Jury?

11 A. No.

12 Q. Have you testified before any
13 federal agency?

14 A. No. So I'm thinking of
15 participating in a grant review. So I used
16 to review grants for National Institutes of
17 Health or Centers for Disease Control and
18 Prevention, that really was the scientific
19 grant review process. I don't think I would
20 consider that any kind of, like, testimony
21 or...

22 Q. Okay. Doctor, you're serving as an
23 expert witness on behalf of Uber, correct,
24 the defendant in this case against -- against
25 individuals that have claimed they have been

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2 sexually assaulted by Uber drivers, you're
3 aware of that, right?

4 A. Yes, I'm aware of that.

5 Q. Do you intend to be at trial in
6 this case that's set in Phoenix beginning in
7 January 2025 [sic]?

8 A. I'm available to support the work.
9 I haven't been formally asked to do so to my
10 awareness, but if there's further work that's
11 needed of me, I would be available for that.

12 Q. Okay. Doctor, do you agree that an
13 expert should not form her opinions before
14 looking at the evidence?

15 A. So the evidence base of opinions is
16 very important, so it's a -- kind of a
17 cornerstone of science that data drives
18 knowledge.

19 Q. Doctor, thank you for that, but my
20 question was: Do you agree that an expert
21 should form her opinions before -- that an
22 expert should not form her opinions before
23 looking at the evidence? So I think that's
24 what you're saying, but you didn't answer the
25 question. It's not a trick question, I'm

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2 just -- I am trying to dissect what you said.
3 And I understand you're being considerate and
4 thinking through it.

5 So you agree with me that an expert
6 should not form her opinions before looking
7 at the evidence?

8 A. So review of evidence should
9 absolutely be a component of forming an
10 opinion.

11 Q. Do you agree an expert should base
12 her evidence -- opinion on what the evidence
13 shows?

14 MS. CARITIS: Form.

15 Q. Actually, I will withdraw that
16 question.

17 Do you agree that an expert should
18 be thorough in reviewing evidence relevant to
19 her opinion?

20 A. That seems fair. So I think it's
21 important to look thoroughly at evidence
22 provided to you.

23 Q. Do you agree that an expert should
24 be willing to change her opinion if new
25 evidence becomes available to her?

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2 A. Yeah, that sounds like good
3 science. This is a bedrock of what we do in
4 science, we're continually asking questions,
5 and often good science comes with new
6 questions that it raises. So that -- that
7 comment, that continual review of evidence,
8 that feels very similar to what we do as
9 scientists.

10 Q. Doctor, you testified that you're a
11 psychologist, correct?

12 A. Yes, clinical psychologist.

13 Q. You're not a psychiatrist?

14 A. No, I don't prescribe any
15 medication.

16 Q. You're not a medical doctor?

17 A. No, I don't have an MD, I have a
18 Ph.D.

19 Q. You're not an expert in rideshare?

20 A. No, my expertise is in clinical
21 psychology, sexual assault prevention. I --
22 I am not involved in any research
23 specifically about rideshare companies.

24 Q. You're not an expert in rideshare
25 services?

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2 A. I've taken some rideshares, but my
3 research has not specifically focused on
4 rideshare specifically. I focus broadly on
5 sexual assault prevention strategies.

6 Q. You don't hold yourself out as an
7 expert in rideshare services, do you?

8 A. I think that's fair to say that
9 none of my work focused on rideshares.

10 Q. You're not an expert in any safety
11 mechanisms and how they affect rideshare?

12 MS. CARITIS: Form.

13 A. I would say -- so with regards to
14 safety mechanisms, absolutely my research has
15 focused on sexual assault prevention
16 strategies, and that includes strategies that
17 individuals can take to reduce their risk of
18 harm which I would say are, you know, we
19 could also phrase as safety measures. Have I
20 conducted a study specifically on the
21 application to that rideshare environments?
22 No.

23 Q. Yeah. My question is, and it's
24 correlated to being an expert, you don't hold
25 yourself out as an expert on safety

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2 mechanisms as to how they affect rideshare,
3 do you?

4 A. I think so, safety measures -- some
5 of our research clearly on sexual assault
6 prevention, we could think about how it
7 applies or does not apply to specific
8 environments. But broadly with regard to
9 rideshare specifically, I have not published
10 in the area of ride shares.

11 Q. Have you --
12 (Cross-talk.)

13 A. Sorry. I was gonna say with
14 regards to prevention.

15 Q. Have you studied the rideshare
16 industry and what safety mechanisms to apply
17 to prevent sexual assault?

18 A. I'm aware of the research
19 literature that's published in this area. So
20 I work as an editor for several journals, so
21 I'm a senior consulting editor for Psychology
22 of Violence, associate editor for Psychology
23 of Women Quarterly, also a co-editor for
24 Journal of Child Sexual Abuse, which looks
25 across the lifespans in this context, you

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2 know, just broadly in terms of how violence
3 can occur in a number of spaces. So I'm
4 aware of some research studies that are out
5 there in the literature on these topics, but
6 I would not say that this is the primary area
7 my work focuses on.

8 Q. So you're aware of research --
9 literature on rideshare discussing -- you're
10 talking about?

11 A. There's been some articles
12 published specific to ride shares.

13 Q. And have you included those in your
14 report?

15 A. Yes, one of them, for example, is
16 Ison, et al., 2023, you're just constantly
17 on --

18 THE COURT REPORTER: I'm sorry.
19 Can you please -- you have to slow
20 down when you're reading.

21 THE WITNESS: I'm sorry.

22 A. So one is the Ison, et al., you're
23 constantly on alert women --

24 THE COURT REPORTER: I'm sorry.
25 I'm not catching that.

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2 Q. Doctor, can you slow down and
3 reference where in your report you're looking
4 to?

5 A. Yeah. So this is page 2 of
6 Exhibit B, the reference to Ison, I-S-O-N,
7 Forsdike, Henry, Hooker and Taft:

8 "You're just constantly on alert."
9 Women and gender-diverse people's experiences
10 of sexual violence on public transport.

11 Q. Doctor, I said rideshare and this
12 mentions public transport. Does this discuss
13 Uber Rideshare or Lyft Rideshare in this
14 publication?

15 A. I'm sorry, I didn't -- I didn't --
16 it wasn't clear to me that rideshare wouldn't
17 be a part of transport.

18 Q. Well, it's talking about public
19 transport and does it discuss -- my question
20 to you is, does this discuss rideshare in
21 this article?

22 A. We can pull up the article if it
23 would be helpful to go through it.

24 Q. Well, sitting here today, do you
25 recall it discussing rideshare?

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2 A. I prefer to pull it up and we could
3 take a look. That's also another one on this
4 list, Tillewein & Cox, that is specific to
5 rideshare, it is on page 4.

6 Q. You can pull this down.

7 Doctor, we were talking about you
8 not being an expert in the rideshare industry
9 and you testified that you never conducted
10 any studies about safety features that
11 actually impact rideshare, correct?

12 A. Correct.

13 Q. You're not an expert in public
14 transportation, correct?

15 A. (Audio distortion.)

16 Q. I'm sorry, you went out.

17 A. (Audio distortion.)

18 THE COURT REPORTER: I didn't get
19 that whole thing. You're not coming
20 in clear.

21 THE WITNESS: How's that?

22 THE COURT REPORTER: Much better.

23 THE WITNESS: Okay. I'll stay
24 close to the computer here.

25 A. So I am not an expert in public

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2 transport.

3 Q. You're not a marketing expert,

4 correct?

5 A. I do not work in marketing.

6 Q. You're not a regulatory expert,

7 correct?

8 A. I do not work in regulatory.

9 Q. You're not an expert in statistics,

10 correct?

11 A. My training is heavily in

12 statistics. I teach a course on

13 psychometrics and assessment at Rhode Island

14 College. I teach several courses in research

15 methodology. My specializations in graduate

16 school for my Ph.D. was in applied

17 quantitative psychology, which included

18 multiple years of advanced statistics, as

19 well as calculus. So statistics is part of

20 what I do on a day-to-day basis.

21 Q. Are you a statistician?

22 A. I do a lot of statistics as part of

23 my job, but I'm not -- my Ph.D. is not in

24 biostatistics, I'm a clinical psychologist.

25 And many of us are highly trained in

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2 statistics and rely on them to do the work
3 that we do. So wouldn't be uncommon for me
4 to be the statistician on the papers that I'm
5 writing. So I work with data on a daily
6 basis, the collection of data, the analysis
7 of data. I'm not sure what your standards
8 are for saying that someone is a
9 statistician, sometimes it feels like that's
10 my role if I'm working with data.

11 Q. I understand it may feel like that,
12 but do you have a degree in statistics?

13 A. And so insofar as much as I have a
14 degree in advanced quantitative methods that
15 is specific to statistics I would say that
16 advanced statistical training is absolutely
17 part of my degree.

18 Q. But you don't hold yourself out as
19 a statistician even though you do some work
20 with statistics and data, correct?

21 A. To be clear, my Ph.D. is in
22 clinical psychology. This includes advanced
23 statistical training, and the work that I do
24 on a daily basis does include statistics.

25 Q. Okay. Do you hold yourself out as

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2 an expert in epidemiology?

3 A. It's the question of what makes
4 someone an expert. A lot of the work that we
5 do in prevention is related to public health,
6 and epidemiologists are folks that I work
7 with on a daily basis in terms of
8 collaborations in public health. So be very
9 specific about my degree is in clinical
10 psychology, but a lot of times the work that
11 we do does dovetail into epidemiological
12 questions, right. So if we look at the
13 prevalence of something, if we want to
14 predict the likelihood of something, I would
15 say those are epidemiological questions.
16 There's a lot of overlap between fields. So
17 psychologists working in public health are
18 often asking and answering those kinds of
19 questions about prevalence and risk.

20 So I think to the extent that my
21 work overlaps in those areas, absolutely.
22 You see a lot of work in sexual assault
23 prevention crosses over into epidemiology.
24 Is my degree a Ph.D. in epidemiology? No.
25 My degree is in clinical psychology, but a

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2 lot of the work that I do does have that
3 crossover into that space.

4 Q. So Doctor, I appreciate the
5 response, but you don't have a degree in
6 epidemiology; is that correct?

7 A. Correct, my Ph.D. is not in
8 epidemiology.

9 Q. You don't have a degree in law
10 enforcement?

11 A. No, I do not have a degree in law
12 enforcement.

13 Q. You don't hold yourself as an
14 expert in corporate governance?

15 A. No, I do not hold training in
16 corporate governance.

17 Q. Okay. Doctor, when's a good time
18 for a lunch break?

19 MS. LUHANA: Let's go off the
20 record.

21 THE VIDEOGRAPHER: The time is
22 17:06 UTC time and we are off the
23 record.

24 (Off the record.)

25 THE VIDEOGRAPHER: The time is

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2 17:53 UTC time and we are back on

3 record.

4 BY MS. LUHANA:

5 Q. Doctor, you'd agree that context

6 matters, right?

7 MS. CARITIS: Form.

8 A. Yes, I agree.

9 Q. Without appropriate context, what
10 you're opining on can be misleading, correct?

11 MS. CARITIS: Form.

12 A. I think broadly in any kind of
13 science, especially when we're talking about
14 sexual assault, that the context that things
15 are occurring in is important.

16 Q. Well, it's not just science, it's
17 any time you're discussing a certain
18 situation, sexual assault or otherwise,
19 without appropriate context, things can be
20 misleading, right?

21 MS. CARITIS: Form.

22 A. (Audio distortion) context matters.

23 THE COURT REPORTER: The beginning
24 of that was a little distorted.

25 A. Probably in a human experience

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2 context matters.

3 MS. LUHANA: Lance, can you please
4 pull up Exhibit 1, which is
5 Dr. Orchowski's report as well as
6 Exhibit 4, which is Dr. Valliere's
7 report? And can you put them side by
8 side? Great.

9 And let's look to page 3 of
10 Dr. Orchowski's report there,
11 Exhibit 1. And can you just highlight
12 under Assignment and Methodology, "I
13 was retained by counsel for
14 defendants," that first line, that
15 whole sentence. And then go to
16 Dr. Valliere's report first page
17 there, after the cover sheet, the
18 first -- perfect. And then just
19 highlight the first sentence there.

20 Q. Dr. Orchowski, as you see before
21 you it's your report and Dr. Valliere's
22 report. And can you read that first sentence
23 of Dr. Valliere's report?

24 A. The report notes:

25 I've been retained as an expert to

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2 provide an expert analysis of Uber
3 ridesharing and the enhanced risk of sexual
4 assault and sexual misconduct of women using
5 Uber.

6 Q. And can you read the first sentence
7 of your report under your Assignment and
8 Methodology?

9 A. I was retained by counsel for
10 defendants to review and respond to
11 Dr. Veronique Valliere's opinions regarding
12 the Uber Rideshare platforms, driver sign-up
13 and screening process and environmental
14 safeguard and risk-reduction measures, and
15 the sufficiency of sexual misconduct
16 taxonomy.

17 Q. So in responding to Dr. Valliere's
18 report, we've discussed this some, but in
19 your report, there is no specific discussion
20 of Uber documents present, correct?

21 A. So in the report, I'm focused on my
22 assessment of Dr. Valliere and I do not
23 include citation of specific Uber documents,
24 but it is something that was provided to me
25 and included in my analysis.

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2 Q. However, Dr. Valliere relied on
3 Uber documents to come to her opinions; isn't
4 that so?

5 A. Yeah, she cites those in her
6 report.

7 Q. And so my question to you is: In
8 your report outside of citations, there is no
9 discussion of those Uber documents in your
10 report?

11 A. My task was really to apply a
12 scientific lens based on my expertise in
13 sexual assault prevention to evaluate the
14 conclusions of Dr. Valliere's report. I was
15 able to access the Uber documents that she
16 references when they were useful to my
17 analysis.

18 MS. LUHANA: Objection.

19 Nonresponsive.

20 Q. I appreciate you trying to answer
21 the question that I pose, but you didn't, so
22 let me retry again.

23 In your report, outside of
24 citations -- outside of no citations to Uber
25 internal documents, there is no discussion of

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2 any Uber documents in your report, correct?

3 A. I mean, I would disagree. So for
4 example, on page 4, I note under the first
5 section of my report that Valliere states,
6 quote:

7 Uber's research of these risk
8 factors and personality traits is a direct
9 acknowledgment again of something that can be
10 done to decrease sexual assault in these high
11 risk environments. Unquote.

12 So here, this is a bit relevant to
13 our prior discussion, I do have some quotes
14 to Valliere's report in this document, so I
15 want to clarify that from earlier.

16 But also here in discussing
17 Valliere's analysis of the Uber documents, I
18 do feel like my report is weighing in on her
19 assessment of those documents --

20 Q. Doctor, where --
21 (Cross-talk.)

22 A. Oh, sorry.

23 Q. Go ahead, finish.

24 A. It even -- even without citing a
25 specific Uber document.

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2 Q. Well, we'll get to page 4 and
3 your -- the conclusions that you've reached
4 in your report.

5 But my question is much simpler:
6 Is there any discussion in your report of any
7 Uber internal documents?

8 A. My task was very much to evaluate
9 Dr. Valliere's report. So to the extent that
10 her report is based on Uber documents, my
11 opinions and discussion in the report have
12 relevance to her opinions and the extent to
13 which she discusses those documents.

14 Q. Where is the discussion of any Uber
15 documents in your report; where is that
16 discussion, where would I find it?

17 A. And I think what you're referring
18 to is looking for citations of specific Uber
19 documents. And I'll clarify again that my
20 report does not cite specific Uber documents,
21 however, we can look at page 11 and discuss
22 ways that Valliere's report and my analysis
23 of it discusses those things.

24 So for example, in Valliere's
25 report, she discusses kind of how, for

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2 example, I'm looking at page 11, an example
3 of Valliere's discussion of the
4 underreporting rates of sexual assault in a
5 population based literature of sexual
6 assault, which are discussed with relevance
7 to Uber incident data.

8 So in Valliere's report, she
9 discusses underreporting and she discusses
10 Uber data.

11 Q. So where is your specific
12 discussion of those internal documents? Do
13 you reference any Uber studies in your
14 report?

15 A. I'm -- so I'll clarify again. I do
16 not reference by with a citation a specific
17 Uber document. Instead, my analysis focuses
18 on Valliere's discussion of Uber documents.

19 Q. Did you discuss any of the studies,
20 Uber studies -- withdraw that question.

21 Do you discuss any internal Uber
22 studies that Dr. Valliere discusses in her
23 report in your rebuttal report?

24 A. My recall is very squarely and
25 narrowly focused on Valliere's report. I did

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2 not do an independent analysis of specific
3 Uber documentation, that was not what I was
4 asked to do. I was asked to review and
5 provide an opinion on Dr. Valliere's report.

6 Q. But Dr. Valliere's conclusions
7 are -- well, withdraw that.

8 Let's move on to -- let's keep
9 Exhibit 1 up and take Exhibit 4 down. And
10 let's go to your summary opinions, Doctor.

11 So I believe you have six summary
12 opinions in your report and they start on
13 page 3. So at the bottom of page 3, can you
14 read that first bullet point there of your
15 summary opinions?

16 A. Despite desire to identify
17 individuals at risk for committing sexual
18 assault, research has yet to identify systems
19 that can accurately predict whether an
20 individual without a criminal history of
21 committing sexual offenses will commit sexual
22 assault in the future.

23 Q. What is the basis for this opinion
24 in your report?

25 A. So at the end of Valliere's report,

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2 if we want to go there.

3 Q. No, I'm asking you in your report.

4 What is the basis of this opinion?

5 A. So, we can go to that section of
6 the scientific limitations of predictive
7 screenings for sexual offenses, so I'll draw
8 you there to page 4 of --

9 Q. Valliere's report?

10 A. Yes. Valliere states that Uber's
11 research of these risk factors and
12 personality traits --

13 THE COURT REPORTER: I'm sorry.

14 You have to please slow down.

15 THE WITNESS: Oh, I'm sorry.

16 A. I'll stay close to the computer.

17 MS. CARITIS: She's reading from
18 the bottom of page 4, we're just
19 trying to keep up on the screen.

20 Yeah, Scientific Limitations, yep.

21 A. So the basis for this opinion, I
22 start this discussion on the bottom of
23 page 4. This section of the report goes
24 through the Scientific Limitations of
25 Predictive Screening for Sexual Offending.

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2 And it's linked to the section of Valliere's
3 report that states that:

4 Uber's research of risk factors and
5 personality traits is direct acknowledgment
6 again that something can be done to decrease
7 sexual assault in the high risk environment.

8 I disagree with that claim.

9 Specifically the assertion fails to consider
10 the significant limitations and shortcomings
11 of the research literature regarding the
12 predictive screening for sexual offending.

13 This opinion is based on Yang,
14 et al's meta-analysis as well as other
15 components of my expertise in this field.
16 The Yang meta-analysis specifically looks at
17 risk assessment tools for the prediction of
18 violence suggesting that methods only achieve
19 moderate levels of accuracy. There's another
20 systematic review in meta-analysis of risk
21 assessments for violence in 73 studies where
22 there's almost 25,000 total participants.
23 This one also found that measures have low to
24 moderate predictive -- positive predictive
25 values and higher negative predictive values,

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2 meaning that they're better at identifying
3 individuals who will not be violent than
4 those who will be. When this happens a
5 significant number of individuals who are
6 judged by assessment tools as having high
7 likelihood for harm are incorrectly
8 classified and do not go on to offend.

9 The section of the report also
10 discusses how given that false positives are
11 especially high in ethnic minorities.
12 Reliance on risk assessments for the
13 determination of violence proclivity can also
14 result in biased decision-making, especially
15 for members of protected classes.

16 Few risk assessment tools have also
17 been studied in ethnic minority samples.
18 Taken together these literature reviews point
19 to widespread problems relating to the
20 occurrence of false positives with risk
21 assessment.

22 This section of the report also
23 goes on to more specifically discuss Point 1,
24 looking at other studies that have looked at
25 screening populations. So broadly, the

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2 screening measures that we have for looking
3 at prediction of sexual offenses are
4 insufficient to predict whether or not
5 someone will offend.

6 So in this second paragraph, that's
7 now on page 5, I also talk about measures
8 that we have for evaluating violence
9 proclivity, specifically these measures are
10 often studied among individuals within the
11 criminal justice population, so individuals
12 that have already come to the attention of
13 law enforcement, which is very different from
14 someone that has no prior criminal history.
15 We also have these measures that have been
16 developed for psychiatric inpatient settings
17 looking at who might be likely to be violent
18 in this population.

19 There's an issue there with these
20 measures because as psychiatric inpatient
21 samples also criminal justice samples do vary
22 considerably from the general population.

23 So there's really not a good basis
24 for assuming that existing risk assessments
25 of proclivity could be applied to new

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2 settings. This would also be the case, for
3 example, if we had assessments of sexual
4 offending. It would be difficult to apply
5 those measures of the sexual offending to a
6 new population.

7 Generally, if we look at screening
8 measures that developed or validated for use
9 in specific population citing in context and
10 when these measures are transported to new
11 settings, this seems that the population
12 setting in context dissimilar, which may not
13 be true, this is the one of the main concerns
14 that I have with the Valliere report because
15 it's often not clear where what she's talking
16 about is relevant to Uber specifically, there
17 isn't research cited. And we want to be
18 careful that any kind of screening measures
19 are measures that are suggested for use in
20 sexual assault prevention are appropriate for
21 use in a specific population.

22 Q. So Doctor, you're just going
23 through your report and I can read your
24 report as well. I am looking specifically
25 for the basis for your opinion and if you

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2 could provide the citation. So on page 4 and
3 page 5 is what you've gone through for your
4 first bullet point there, is that accurate?

5 A. Yeah. So the first opinion is
6 documented throughout page 4 and page 5 and
7 goes on to page 6. So we do have a long list
8 of research which supports the point that is
9 even though our field has spent a lot of work
10 trying to identify individuals at risk for
11 committing sexual assault, our research has
12 yet to identify systems that can accurately
13 predict. So I'm happy to continue and
14 articulate this, but all of the research
15 studies in this -- in this section of the
16 report would speak to this point.

17 Q. Well, I'm trying to understand
18 exactly what you're citing in support and be
19 clear about it because you've cited, you
20 know, six summary opinions, and I want to be
21 sure of the facts you're relying on and the
22 studies you're relying on.

23 And so with Bullet Point 1, you
24 mentioned on page 4 you start out with a
25 criticism of Valliere and you cite to Douglas

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2 2017 there, correct, at the bottom?

3 A. (Audio distortion.)

4 Q. That is the start, right. So what
5 is Douglas 2017, is that noted in Exhibit B?

6 A. (Audio distortion.)

7 THE COURT REPORTER: I'm sorry.
8 You're cutting out.

9 THE WITNESS: Oh, sorry. I'll
10 speak closer.

11 A. Why don't we go to that article so
12 we can review it?

13 Q. No, I don't want to do that right
14 now, your counsel can do that with you. My
15 question is, is this listed in Exhibit B on
16 your materials considered list because this
17 is something you clearly considered?

18 A. I hope it would be. If it is not,
19 that would be an omission on my part. But
20 absolutely Douglas, et al. is something I
21 considered. So if we want to take a look at
22 it.

23 Q. Yeah, let's take a look at
24 Exhibit B then. Can we flip to the second
25 page if that's in alphabetical order, it

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2 should be. So is it there listed on your
3 materials considered list, Doctor?

4 A. (Document review.)

5 I'm terribly sorry. So I have
6 omitted this from the list. I'd be happy to
7 provide it for you. This is my error.

8 Q. So this may be because you were in
9 a rush to finish this report as you've
10 testified to earlier, what is --

11 MS. CARITIS: Objection. Form.

12 (Cross-talk.)

13 MS. LUHANA: I'm not done with my
14 question.

15 A. I would disagree, I was not in a
16 rush to finish this report. I don't think I
17 ever stated that on record.

18 Q. You did testify to that. Are you
19 changing your testimony now?

20 MS. CARITIS: Objection. Form.

21 Q. Good God.

22 A. Do you have words on record that I
23 felt rushed, because I disagree with that, I
24 would like to amend that. I did not feel
25 rushed in completing this report.

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2 Q. So you're changing your testimony
3 now?

4 MS. CARITIS: Objection. Form.
5 She asked you if she did say that.
6 She'd like you to read that back to
7 her. To the extent she has to revise,
8 she will.

9 MS. LUHANA: Counsel, you can run
10 through it with her, and please keep
11 your objections to form.

12 Q. Doctor --
13 (Cross-talk.)

14 MS. CARITIS: -- your questions
15 appropriate to the witness.

16 MS. LUHANA: I'm trying to find
17 out what she's relied on. I'm having
18 a difficult time assessing what she
19 relied on 'cause it's not cited in her
20 report.

21 MS. CARITIS: It's cited,
22 literally she just read you it, cited
23 literally multiple times on the pages
24 she just read.

25 MS. LUHANA: Counsel, you can do

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2 what you want during your examination.

3 Q. Doctor, Douglas 2017, what article
4 is that? It's not listed in Exhibit B. Can
5 you tell me what article that is?

6 A. (Audio distortion.)

7 THE COURT REPORTER: Can anybody
8 else understand her?

9 MS. LUHANA: No.

10 MS. CARITIS: Why don't we take a
11 quick minute.

12 And Dr. Orchowski, can you say
13 some words to make sure we can hear
14 you and then we'll --

15 THE WITNESS: (Audio distortion.)

16 MS. CARITIS: It's pretty muffled.

17 THE WITNESS: How's that?

18 MS. CARITIS: Better.

19 Q. What article is this, Doctor, that
20 you're referencing here?

21 A. I'm happy to provide you with the
22 full citation, it looks like it was left out
23 of my reference list.

24 Q. But at this time sitting here, I
25 think you reference it a couple times in your

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2 report. Do you remember what Douglas 2017
3 is? And if you don't, that's fine. I'm just
4 trying to see if you have, you know, any
5 recollection of it.

6 A. I would be happy to get you the
7 full information for the reference. Again,
8 my apologies that this was omitted, it was
9 not my intention to leave anything out.

10 Q. Okay. And Doctor, in this first
11 bullet point, the references that you went
12 through, you referenced on page 3 and page 4,
13 page 5 and you also said throughout your
14 report. I'm trying to hone in on that, but
15 anything else that you're relying on for that
16 first bullet point summary opinion in your
17 report?

18 MS. CARITIS: Form.

19 A. When you say "relying on," you're
20 looking for me to provide a single citation,
21 'cause broadly I would direct you to
22 Section 4, which spans from page 4, 5, 6
23 and 7, this assertion is something that draws
24 on a wide range of articles and literature.
25 I just want to be sure I'm understanding the

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2 question.

3 Q. Okay. Yeah. So you're saying it's
4 all encompassing, it's all throughout the
5 report, there isn't -- I'm trying to
6 understand the facts and citations you're
7 relying on to come to this conclusion, and
8 your opinion is it's throughout your report?

9 MS. CARITIS: Objection. Form.

10 A. What I would -- what I will say is
11 that this summary, which is a summary
12 statement, summarizes the content that is
13 ascribed between page 4, 5, 6 and 7.

14 Q. And what you're relying on to come
15 to these opinions is cited on page 4, 5, 6
16 and 7; is that correct?

17 A. I'm relying on these citations as
18 well as my analysis of the Valliere report.
19 So this opinion is really in response to
20 Valliere's claim that Uber's research of risk
21 factors is a direct acknowledgment that
22 something can be done. I disagree with that
23 claim. As discussed on these pages and as
24 summarized in the summary point, our field in
25 sexual assault prevention despite its desire

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2 to identify individuals at risk for
3 committing sexual assaults, we have yet to
4 identify systems that can accurately predict
5 whether an individual without a criminal
6 history is likely to commit sexual assault in
7 the future.

8 Q. Doctor, context is important. Do
9 any of the studies that you're relying on for
10 that opinion discuss rideshare?

11 MS. CARITIS: Form.

12 A. To my knowledge, there is not a
13 peer-reviewed scientific publication that
14 looks at the predictive accuracy of
15 likelihood to commit a sexual offense in
16 rideshare. I would be happy to look at the
17 Tillewein and Cox article again because they
18 really look at kind of the research in this
19 area and where a call for the research is to
20 go, making a call for the need for more
21 information on this.

22 But to my knowledge, I am not aware
23 of a study that suggests that we have a
24 measure that can accurately predict in our
25 peer-reviewed scientific literature that we

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2 can predict with a crystal ball who is going
3 to commit a sexual offense. I'm not aware of
4 such a research study.

5 Q. So Doctor, you have not looked at
6 Uber studies that predict the increased risk
7 of sexual assault in this analysis and you
8 don't rely on those for your opinion here?

9 MS. CARITIS: Form.

10 Q. Because they're not peer-reviewed,
11 correct?

12 MS. CARITIS: Form.

13 A. In these, I looked at Valliere's
14 report and her citation of Uber
15 documentation.

16 Q. Doctor, are you relying on Uber's
17 studies to come to this conclusion here? Are
18 you relying on Uber's studies of predictive
19 screening to assess the risk of sexual
20 assault occurring on Uber's platform to come
21 to this conclusion?

22 MS. CARITIS: Form.

23 A. I am aware of Dr. Valliere's
24 discussion of Uber documentation. I am also
25 aware of the scientific literature that

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2 suggests for sexual assault as well as other
3 kinds of criminal offenses that we do not
4 have a system to accurately predict who will
5 and who will not be violent.

6 Q. Doctor, to come to this conclusion,
7 you didn't, as we've discussed, include any
8 internal Uber data, studies, analysis,
9 testimony or documents in your report; is
10 that correct?

11 MS. CARITIS: Form.

12 A. I'm going to go back to clarify
13 that I reviewed Valliere's research. I
14 reviewed Valliere's report which included
15 citation of Uber documents. I reviewed Uber
16 documents that were relevant to forming my
17 opinion. As an expert in the science of
18 sexual assault prevention, I have a very
19 narrow scope. My scope was not to evaluate
20 Uber documentation. My scope was to evaluate
21 Valliere's claims.

22 So as I'm talking about in this
23 summary, Valliere made a claim specifically
24 that something can be done to decrease sexual
25 assault in a high risk environment. In this

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2 first bullet point and in the report, I
3 disagree with that claim and throughout
4 pages 4 through 7, I cite research suggesting
5 that we do not have accurate systems to
6 predict who will or who will not offend.

7 Q. Okay. Actually, let's go to --
8 since we're on that topic, let's go to page 4
9 where you lodge this criticism of
10 Dr. Valliere. And it's at the bottom there,
11 right, can we highlight that?

12 So Valliere states that Uber's
13 research of these risk factors and
14 personality traits is a direct acknowledgment
15 again that something can be done to decrease
16 sexual assault in the high risk environment.

17 Doctor, you don't include a cite
18 here as we've stated before to Valliere's
19 report, correct?

20 A. Would you like me to look at the
21 page number?

22 Q. Let's pull it up actually. Let's
23 go to Exhibit 4 and let's put it side by
24 side. What page is it, Doctor? You didn't
25 note it in your report.

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2 MS. CARITIS: Form.

3 Argumentative.

4 A. I'll be happy for you to pull it up
5 for me though, thank you.

6 Q. What page?

7 MS. CARITIS: Would you like her
8 to review the Valliere report for the
9 quote she included? Is that what
10 you're asking her to do right now?

11 MS. LUHANA: I would like her to
12 find the citation which she's relying
13 on to include this in her rebuttal
14 report, yes.

15 Q. Doctor, do you recall what she was
16 discussing here?

17 A. Do we want to move on for that
18 question because I was looking for the report
19 here?

20 Q. It's related to this line of
21 questioning.

22 MS. CARITIS: You can take a look
23 at page 25 if you'd like to find the
24 citation, Dr. Orchowski, that counsel
25 is referring you to.

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2 THE WITNESS: Thank you.

3 MS. LUHANA: I'm not referring her
4 to it, I want her to refer to it.

5 MS. CARITIS: You literally asked
6 her for the page in the report.

7 MS. LUHANA: I did.

8 MS. CARITIS: She doesn't have
9 access, so it's -- she's -- it's gonna
10 take a long time for her to search
11 through an 80-page document. So if
12 we'd like to direct her to what you're
13 talking about we can do that.

14 A. I got it, I see it on page 25.
15 Thank you. Thank you.

16 Uber's research of these --

17 THE COURT REPORTER: Doctor.
18 Doctor. Doctor, you have to slow
19 down.

20 THE WITNESS: Sorry.

21 A. So Uber's research of these risk
22 factors and personality traits is a direct
23 acknowledgment again that something can be
24 done to decrease sexual assault in the high
25 risk environment.

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2 Q. So what predictive screening,
3 Doctor, was Dr. Valliere referring to here?
4 You didn't mention that in your report, nor
5 cite the Uber documents, but what is she
6 referring to here?

7 MS. CARITIS: Form.

8 A. Would you like me to discuss that
9 section of the report?

10 Q. Let's look at the -- let's go to
11 page 24.

12 A. Yeah.

13 Q. Not of your report, do you see
14 Cerebro and uSights here?

15 A. Yeah, that's what I'm looking at.

16 Q. So Doctor, what predictive
17 screening was Dr. Valliere referring to with
18 that statement?

19 A. So would you like me to read from
20 the report?

21 Q. I would like you to -- if you
22 choose to read from the report, you can, but
23 do you understand when you came to this
24 conclusion in your rebuttal what Dr. Valliere
25 was referring to?

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2 MS. CARITIS: Form.

3 A. Could you clarify the question
4 again? Do you want me to read from the
5 report?

6 Q. Doctor, Dr. Valliere's statement
7 about Uber's research of these risk factors
8 and personality traits being a direct
9 acknowledgment again that something can be
10 done to decrease sexual assault in the high
11 risk environment is referring specifically to
12 Cerebro and uSights; is that correct?

13 MS. CARITIS: Form.

14 MS. LUHANA: Lance, actually, take
15 Exhibit 1 down. And let's keep
16 Exhibit 4 and let's highlight some of
17 these things so Dr. Orchowski can
18 refresh her recollection. Can you
19 blow it up some? And go down to the
20 Cerebro section, perfect.

21 MS. CARITIS: And if you could,
22 please, so she can have an
23 understanding of this context, let her
24 see starting at page 20 where this
25 section begins.

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2 MS. LUHANA: Alex, it's my
3 examination.

4 MS. CARITIS: She needs to --
5 (Cross-talk.)

6 MS. LUHANA: Please do not
7 direct -- no, no, please do not direct
8 the witness.

9 MS. CARITIS: Okay. Then please
10 send her this document, she can't pull
11 it down.

12 MS. LUHANA: She has -- she has
13 Dr. Valliere's report in front of her.

14 MS. CARITIS: Okay.
15 (Cross-talk.)

16 MS. LUHANA: It's a hard copy of
17 it.

18 MS. CARITIS: So Dr. Orchowski,
19 just make sure you are taking a look
20 at the section she's referring to. I
21 forgot you had a hard copy, so I
22 apologize. But you can look at the
23 hard copy, you don't need to be led
24 into this section up on the screen,
25 but I forgot you have a hard copy.

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2 Thank you for that reminder.

3 Q. Doctor, are you aware of what
4 Cerebro is?

5 A. So on page 24, Cerebro is described
6 as a validation analysis strategy. There's a
7 document that Valliere discusses
8 acknowledging that it's [REDACTED]

9 [REDACTED]
10 [REDACTED]
11 [REDACTED]
12 [REDACTED]
13 [REDACTED]
14 [REDACTED]
15 [REDACTED]
16 [REDACTED]
17 [REDACTED]
18 [REDACTED]
19 [REDACTED]
20 [REDACTED].

21 Throughout it's evolution, Uber
22 provided specific examples of its use to
23 prevent or deter sexual assault and
24 misconduct. For example in Uber's global
25 results outside the US, it was noted that

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2

3

4

5

6 Q. Doctor, I'm not asking you to read
7 out loud the expert report.

8 My question is the predictive
9 screening that Dr. Valliere was referencing
10 related to Cerebro and uSights; is that
11 correct?

12 MS. CARITIS: Form.

13 A. So my understanding of Valliere's
14 section of the report is starting on page 20,
15 there's a discussion of safety and sexual
16 offenders, identifiable risk factors and
17 effectiveness of various safety procedures.
18 And this discussion of Cerebro is included in
19 this section of the report discussing various
20 safety features and screening procedures.

21 Q. Doctor, why don't you -- let's
22 scroll down to page 25 here, and right
23 before, Dr. Valliere says:

24 Uber's research of these risk
25 factors and personality traits is a direct

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2 acknowledgment again that something can be
3 done to decrease sexual assault in the high
4 risk environment.

5 Let's scroll down. Further. Keep
6 on going, right there. That paragraph says:

7 While Uber intended to use Cerebro
8 and uSights as alternative to background...
9 nothing limits Uber from potentially using
10 these tools in addition to background checks.

11 Did I read that correctly?

12 A. Yes, you read that correctly.

13 Q. Doctor, you didn't reference Uber's
14 validation study in your report or any
15 discussion of the validation study, did you?

16 A. No, I don't specifically reference
17 the validation study.

18 Q. Do you reference Cerebro or uSights
19 or any of Uber's testing of those programs in
20 your report?

21 A. As I mention before, I don't
22 reference specific Uber documents. I'm
23 specifically commenting on Valliere's report.

24 Q. Doctor, I don't understand.
25 Valliere's report discusses Cerebro and

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2 uSights as alternatives to background checks.
3 Yet you didn't evaluate these documents for
4 your discussion in your rebuttal report?

5 A. That is not what I -- that's --
6 that's not what I said.

7 Q. Is it anywhere to be found in your
8 expert report?

9 MS. CARITIS: Form.

10 A. So speaking to utility of, despite
11 a desire to identify risks -- individuals at
12 risk for committing sexual assault, which is
13 something that Valliere and I are both very
14 much interested in, I would disagree with the
15 premise that there could be a system that
16 accurately predicts whether an individual
17 without a history of committing sexual
18 offenses will commit sexual assault in the
19 future.

20 Q. Doctor, have you evaluated the data
21 that Uber has available to it about its
22 drivers?

23 MS. CARITIS: Form.

24 A. To the extent that I reviewed
25 Valliere's report, I'm aware of what is cited

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2 in the report.

3 Q. Doctor, in fact, in terms of your
4 report, we've established you do not cite to
5 any discussion of internal Uber documents,
6 correct?

7 A. We seem to be talking about this
8 point a lot and I've clarified that although
9 there's not a specific citation, it does not
10 mean that I am not aware of these documents.

11 Q. I'm not talking about your
12 awareness. I'm talking about discussion,
13 consideration and it being discussed in your
14 report. There's no discussion of any
15 validation studies in your report of Uber,
16 correct?

17 A. Your question is about
18 consideration or discussion. Although I do
19 not cite them specifically, I have considered
20 these.

21 Q. Really, considered in the 21 hours
22 you reviewed over 600 documents, 60 plus
23 depositions with all the exhibits that
24 Valliere cited?

25 MS. CARITIS: Objection. Form.

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2 Misstates testimony. Argumentative.

3 You may answer if you can, Doctor.

4 I'm not sure there was a question
5 actually, but you can try.

6 A. Is there a question there?

7 Q. Yeah. In 21 hours, Doctor, you
8 reviewed all the underlying documents, in
9 21 hours you reviewed all the underlying
10 documents and wrote your report for this
11 matter and you reviewed documents thoroughly,
12 you're testifying to, that include the over 3
13 to 600 documents cited in Dr. Valliere's
14 report including all the depositions as well
15 as the underlying exhibits cited?

16 MS. CARITIS: Objection. Form.

17 Misstates testimony.

18 A. We have never said that I reviewed
19 every single document on the list. What I
20 have said in my prior discussions is that I
21 reviewed Dr. Valliere's report, had the
22 opportunity to review any documents that was
23 linked to that report. I reviewed what I
24 thought would be useful to my opinion.

25 Q. Doctor, did you cite to -- let's

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2 pull up Dr. Valliere's report, Exhibit 4,
3 and on the same page, page 24, scroll up here
4 on Cerebro and uSights. As you see,
5 Dr. Valliere is talking about Cerebro and
6 uSights, Doctor, and she cites Mr. Fuldner's
7 testimony here.

8 Did you review Mr. Fuldner's
9 testimony and discuss it in your report?

10 A. I do not discuss Fuldner's
11 testimony in my report, and I'm unaware right
12 now. We can pull up that specific document,
13 it'll help me remember if this was one of the
14 ones I reviewed.

15 Q. Doctor, did you discuss the Cerebro
16 validation analysis strategy in your report?

17 A. My analysis was specific to
18 Dr. Valliere's report. I did not do a
19 specific independent analysis of Cerebro or
20 Uber's use of it.

21 Q. Well, it's not an independent
22 analysis, Dr. Valliere discusses and analyzes
23 the validation analysis strategy document.

24 My question is, did you include
25 discussion of that in your report?

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2 A. One of the things I'm very clear on
3 in the report is that I disagree with
4 Valliere's assertion that we have systems
5 that can accurately predict who will or who
6 will not offend.

7 Q. Doctor, you haven't reviewed all
8 the documents that Dr. Valliere reviewed, so
9 wouldn't that be an important thing to do to
10 actually assess what is in those documents
11 before reaching the conclusions you're
12 reaching?

13 MS. CARITIS: Form.

14 A. The task is a narrow assessment of
15 the claims made in Valliere's report. I
16 reviewed what I thought would be useful in
17 forming my opinion. My career is focused on
18 sexual assault prevention, and I'm aware of
19 the research literature of our ability from a
20 scientific perspective and a clinical
21 perspective of the tools that are out there
22 to predict who will offend.

23 It's my scientific opinion that
24 despite desire to identify individuals at
25 risk for committing sexual assault, we do not

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2 have systems that can accurately predict
3 whether an individual without a criminal
4 history will offend.

5 Q. What is that based on, though?
6 What is that based on in this case if you
7 haven't reviewed the internal Uber studies,
8 data, analysis where they have found ways to
9 predict the risk of sexual assault
10 effectively?

11 MS. CARITIS: Objection. Form.

12 Q. Your opinion is not based on -- if
13 you were not tasked, and I understand you
14 said repeatedly, you were not tasked to
15 review internal Uber documents, correct,
16 that's what you've testified to?

17 A. To the extent that there were
18 linked at Valliere's report, I've had an
19 opportunity to consider them. I am not here
20 to do an independent evaluation of Uber's
21 business decisions.

22 Q. It's not Uber's business -- it's
23 the underlying documents. If you haven't
24 reviewed the same documents Dr. Valliere
25 reviewed in coming to her opinions, your

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2 critique would only be limited to what you
3 think the materials show, not what they
4 actually contain; isn't that true?

5 MS. CARITIS: Form.

6 A. Well, I would disagree, I would
7 disagree because my critique is specific to
8 what Valliere discusses.

9 Q. But --

10 A. Insomuch as she has done an
11 analysis of these documents. I am aware of
12 how she has presented these documents.

13 Q. But you haven't reviewed the
14 documents, Doctor. You haven't discussed the
15 documents, right? You haven't reviewed the
16 internal Uber analysis data and studies they
17 have done on preventing sexual assault on
18 their platform; is that right?

19 A. I have reviewed the documents that
20 I thought would be useful to me in crafting
21 this opinion.

22 Q. So your critique is only limited to
23 the documents you believe would have been
24 useful to you in crafting your opinion,
25 correct?

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2 MS. CARITIS: Form. Form.

3 A. Could you repeat the question?

4 Q. Doctor, your critique is only
5 limited to the documents you believe would
6 have been useful to you in crafting your
7 opinion, correct?

8 MS. CARITIS: Form.

9 A. I'm taking some time to answer this
10 because I feel like I've answered the
11 question in different ways before. So I
12 think I'm confused in what this question is
13 getting at and how I could provide you with
14 an answer that would satisfy your question.

15 Q. Doctor, have you done any analysis
16 of the Uber documents that Dr. Valliere
17 relied on that are evident and disclosed in
18 your report itself? Is there any --

19 (Cross-talk.)

20 A. Yes, I've examined Uber documents.

21 Q. Is that's not the question, Doctor.

22 There is no discussion of any Uber
23 internal documents in your report that
24 Dr. Valliere relied on to reach your
25 opinions?

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2 A. And maybe that's a good
3 clarifying -- maybe that's a good clarifying
4 question, just because I'm not citing the
5 document does not mean that I haven't seen it
6 or considered it.

7 Q. That's not my question. My
8 question is, there's no discussion of any
9 Uber internal documents in your report that
10 Dr. Valliere relied on to reach your
11 opinions?

12 A. That didn't sound like a question,
13 it sounded like a statement, respectfully.

14 Q. It's a question. Is that true?

15 A. Could you rephrase it?

16 Q. Doctor, if a company's
17 responsibility is to provide safe transport,
18 right, if a company's responsibility is to
19 provide safe transport and it knows women are
20 being assaulted and it has tools to reduce
21 sexual assault, you think it should wait for
22 a journal article to be printed, published
23 before something is done?

24 MS. CARITIS: Form.

25 A. Answering that is really outside of

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2 the scope of what I've been asked to do in
3 this expert witness testimony, which is to
4 provide an analysis of Valliere's report. I
5 don't see a section of Valliere's report that
6 responds to that issue.

7 Q. No, the entire report is based on
8 her opining on the ways Uber can reduce
9 sexual assault on this platform, including
10 what we've gone through, which is the use of
11 Cerebro to prevent sexual assaults.

12 Do you see that here on in
13 Dr. Valliere's report?

14 MS. CARITIS: Form.

15 A. Is there a specific question here?

16 Q. Doctor, you didn't cite to any of
17 these documents that are referenced in the
18 Cerebro/uSights section in Dr. Valliere's
19 report in your report, correct?

20 MS. CARITIS: Form. Asked and
21 answered.

22 A. I'll state again, I reviewed
23 Valliere's report. I reviewed what I thought
24 would be useful in crafting my opinion,
25 although this report does not include a

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2 specific citation to a specific document, I
3 did not intend that to mean or have anyone
4 assume that I have not examined Uber
5 documents, have not looked at them or have
6 not considered them. To do so would be
7 misrepresenting my opinion.

8 Q. Well, where have you discussed the
9 Uber internal documents in your report? Can
10 you please find me one Uber document that
11 Dr. Valliere has referenced throughout her
12 report in your report? Please find that for
13 me. Let's take this down and please find
14 that cite for me.

15 MS. CARITIS: Form. Asked and
16 answered. We've said multiple times
17 she's testified she did not cite an
18 Uber document in the report.

19 Q. The question is still there for
20 you, Doctor.

21 A. Can you restate it again? There
22 was a part in the middle that wasn't clear.

23 MS. LUHANA: Can you please read
24 back the question, Candida?

25 (Referred to portion of the record

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2 was read back by the court reporter.)

3 A. So I think where we're getting
4 stuck is that I don't have a specific
5 citation to an internal Uber document despite
6 reviewing Valliere's report and the materials
7 she cites. As a result, I'm aware of the
8 Uber documentation and have reviewed some of
9 these in preparing this opinion.

10 If we're looking for specific
11 examples, we can look at page 12 where
12 there's a discussion of review of Uber's
13 taxonomy developed with a national sexual
14 violence resource center.

15 Q. You don't have any discussion of
16 these internal documents that Dr. Valliere
17 has cited about Cerebro and uSights listed in
18 your report, correct?

19 A. A significant portion of my report
20 discusses a scientific opinion about the
21 ability to take risk and protective factors,
22 which are described in that section of
23 Valliere's report. And I offer the opinion
24 that despite this desire to identify
25 individuals at risk, which Valliere and I

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2 both agree is an important thing that books
3 are very interested in. However, research
4 has yet to identify systems that can
5 accurately predict whether an individual
6 without a criminal history is likely to
7 offend.

8 Q. What are your current opinions on
9 Cerebro?

10 MS. CARITIS: Form. Scope.

11 A. (Document review.)

12 Q. Doctor?

13 A. I'm reviewing the section of the
14 report. Thank you for your time.

15 Q. Doctor, where in your rebuttal
16 report will I find your views on your
17 analysis on Cerebro?

18 A. As we've discussed, Cerebro is
19 included in Dr. Valliere's discussion ranging
20 from page 20 to page 25 onward of
21 identifiable risk factors and effectiveness
22 of safety features.

23 MS. LUHANA: Objection as
24 nonresponsive.

25 Q. Doctor, where in your rebuttal

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2 report will I find your opinions on Cerebro;
3 where are they, where are they discussed?

4 MS. CARITIS: Form.

5 A. To the extent to which my report
6 discusses the scientific evidence about our
7 ability to predict risk for sexual violence
8 and who will offend, these opinions are
9 discussed on page 4 through 7 of the report.
10 It is my opinion that we do not have reliable
11 scientific systems to accurately predict who
12 will and who won't offend. One critical
13 component of this is that systems were
14 predicting low base rate behavior, such as
15 sexual assault, often improperly and over
16 identify individuals as prone to violence who
17 are not.

18 Q. Doctor, you didn't discuss the
19 validation study for Cerebro in your report,
20 did you?

21 MS. CARITIS: Objection. Form.

22 Asked and answered.

23 A. I'll repeat again. My task is very
24 focused on providing a scientific opinion
25 grounded in research of sexual assault

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2 prevention specific to Dr. Valliere's claims.

3 Q. Doctor, are you focused on only
4 published research?

5 A. It's a complex question.

6 Q. It's really not.

7 MS. CARITIS: If you're going to
8 ask the question, please provide her
9 an opportunity to answer.

10 You may answer, Doctor.

11 THE WITNESS: Thank you.

12 A. As a scientist, I do think it's a
13 complex question because there's a lot of
14 things that we can consider evidence. A case
15 study, could that be evidence, right? A
16 correlational study, could that be evidence?
17 A meta-analysis, a meta-synthesis, types of
18 research. Not all research is created equal,
19 and this is something I do go into in this
20 report.

21 (Cross-talk.)

22 Q. I'm sorry if I'm unclear. I am
23 focused only on your rebuttal report in the
24 Uber litigation discussing Uber Rideshare.
25 And so my question to you is in providing

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2 your rebuttal report, you are only focused on
3 published research; is that correct?

4 A. I'm going to be really specific
5 about what we mean by evidence and
6 publication. There are places in my report
7 where I reference things that are
8 peer-reviewed research. So for example, in
9 places in my report I reference the
10 proceedings of the DAC-PSM. So this would
11 traditionally not be identified as
12 peer-reviewed research.

13 I believe your question was if I'm
14 only interested in peer-reviewed research.
15 So I'll clarify, that evidence comes in many
16 forms, data comes in many forms, science
17 comes in many forms, and I reference many
18 different things in this report, including
19 things that are not a scientific journal
20 article. So I would not characterize myself
21 as someone who is solely interested in
22 peer-reviewed research. Anything -- I think
23 that's -- that would be an unfair
24 characterization of my expertise and my
25 methodology for this report.

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2 Q. Doctor, I --

3 A. Instead what I would offer is that
4 in this report I aim to provide a scientific
5 perspective that is grounded in most rigorous
6 of scientific study. So it's possible to
7 ground an analysis in scientific research
8 that perhaps isn't very rigorous, but instead
9 as noted in my methodology section, I try to
10 present scientific review that's grounded in
11 things like meta-synthesis or systematic
12 reviews meta-analysis. We think of this as
13 the top of the hierarchy of evidence where
14 it's a synthesis of multiple studies, and
15 when you have multiple studies of something,
16 it really gives you more confidence in the
17 opinions.

18 So I would -- I would offer that
19 characterization that there are multiple
20 different kinds of research. There are also
21 data points including ones noted in this
22 report that would not be classified as a
23 peer-reviewed research study.

24 Q. Doctor, my question was focused on
25 published research, not peer-reviewed

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2 research.

3 So again, my question is, are you
4 just focused on published research to arrive
5 at your opinions?

6 A. So my opinions are based on my long
7 history as a sexual assault prevention
8 researcher, clinician, Title IX officer, so
9 my expertise is grounded in all of those
10 things. And in this rebuttal report, I've
11 prioritized sources that offer the highest
12 level of scientific expertise. There are
13 sources in here that would be published if we
14 consider putting something online as
15 published. I suppose you could say that that
16 is published because it's available to the
17 public. There are many different ways to
18 define what "published" means, so I just want
19 to offer a characterization to that is that
20 you know...

21 Q. With all due respect, I appreciate
22 your expertise, which you've provided and
23 focussed on the rebuttal report. My question
24 again is, your rebuttal report is looking at
25 published research to arrive at your

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2 opinions; is that correct?

3 A. I would say it's one of many
4 considerations that informed my opinions.

5 Q. Is there Uber's research that
6 you -- we've already discussed, you haven't
7 cited any internal Uber documents or internal
8 research in your rebuttal report; is that
9 correct?

10 A. So I'll clarify again, my report is
11 based on a review of Valliere's report. To
12 the extent that she is discussing Uber's
13 practices, such as Cerebro, I have reviewed
14 that information. I have also reviewed
15 internal documents as cited in the report
16 that were useful to helping me form an
17 opinion. Although, my report does not
18 specifically cite an Uber document, this does
19 not mean that they were not considered in my
20 evaluation of the Valliere report.

21 Q. But there is no actual discussion
22 of any Uber internal documents in your
23 report, correct?

24 MS. CARITIS: Asked and answered.

25 Q. Withdraw the question.

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2 Let's go to Summary of Opinions and
3 let's look at the second bullet point.

4 MS. LUHANA: Can we pull up the
5 doctor's Exhibit 1?

6 Q. And actually the first bullet
7 point, Doctor, you read that, correct, the
8 Summary of Opinion you read the first bullet
9 point?

10 A. Yes, I've read summary 1.

11 Q. Right. And there is no mention of
12 Uber here; is that correct, in the first
13 summary opinion?

14 A. You are correct that that sentence
15 does not state the word "Uber."

16 Q. That sentence doesn't contain
17 reference to Dr. Valliere either, correct?

18 MS. CARITIS: Form.

19 A. I disagree. All of the opinions I
20 offer are in direct relation to Valliere's
21 report.

22 Q. Dr. Orchowski, that's not my
23 question. It's a clear question, I'd really
24 appreciate if you answer it.

25 The first bullet point does not

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2 reference Dr. Valliere's name anywhere, does
3 it?

4 MS. CARITIS: Objection. Form.

5 But you may answer, Doctor, yeah.
6 If you see the word Valliere in that
7 section.

8 MS. LUHANA: Can you please not
9 coach her, Counsel? It's a
10 straightforward question, she
11 understands it.

12 MS. CARITIS: I was objecting to
13 the preamble, but she can answer the
14 question.

15 MS. LUHANA: No, you were
16 directing the witness.

17 A. The question feels hard for me to
18 answer because in my interpretation, you're
19 asking if my bullet point is in reference to
20 something Valliere said and of course it is,
21 my report in its entirety is in response
22 to what --

23 (Cross-talk.)

24 Q. I hear you, Doctor. But it doesn't
25 state Dr. Valliere in the first summary

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2 opinion there, does it?

3 A. So it looks like we have a
4 difference of opinion. I would love to add
5 and amend this, if I could for you, to make
6 very clear that these points are in direct
7 relevance to Dr. Valliere's points.

8 Q. That's fine. But the point is, the
9 first bullet point does not reference
10 Dr. Valliere. Would you agree with me there,
11 right?

12 MS. CARITIS: Objection. Form.

13 A. I would disagree, this bullet point
14 is in direct reference to Valliere's report.

15 Q. Is her name listed there,
16 referenced there in the first bullet point?

17 A. So it appears you're asking me to
18 look at the semantics of the question. If
19 we're looking at the semantics, I would say,
20 no, Dr. Valliere's name is not referenced in
21 this sentence. This does not mean that the
22 sentence that I wrote is not in direct
23 relation to the Valliere report.

24 MS. LUHANA: Object as
25 nonresponsive to everything after

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2 "sentence."

3 Q. Doctor, the second bullet point
4 there doesn't mention Uber anywhere in that
5 statement, correct?

6 MS. CARITIS: Form.

7 A. So if we're looking at semantics,
8 the word "Uber" is not found in that
9 sentence, or in the paragraph.

10 Q. Doctor, words matter, don't they,
11 and context matters, would you agree?

12 MS. CARITIS: Objection. Form.

13 A. I think we talked about this
14 earlier that context does matter.

15 Q. Okay. Dr. Valliere, her name isn't
16 listed anywhere in this bullet point,
17 correct, in your summary opinion?

18 A. We've talked about these sentences
19 on the page, they're in direct response to
20 the Valliere report.

21 MS. LUHANA: Object as
22 nonresponsive.

23 Q. Doctor, my question was,
24 Dr. Valliere's name is not referenced
25 anywhere in this second summary bullet point,

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2 correct?

3 A. If you're asking me to look at the
4 semantics of the sentence and the paragraph,
5 Dr. Valliere's name is not written in this
6 paragraph.

7 Q. Okay. And in terms of the support
8 for this opinion, everything you're relying
9 on here for this opinion is reflected in your
10 report, correct, with the citations that you
11 have in your report?

12 A. I'm not sure what you're asking.

13 Q. Well, I'm trying to understand,
14 it's important for me, with this deposition,
15 to understand the basis of your opinions and
16 what facts you're relying on. And so the
17 facts that you state you're relying on are
18 included in your citations in your rebuttal
19 report, correct?

20 A. We mentioned earlier that I need to
21 re-add in the Douglas, et al., citation. My
22 apologies for this omission.

23 Q. But other than that, I mean, I
24 would think that throughout your rebuttal
25 report, you're referencing this summary

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2 opinion and the things that you're relying on
3 are cited in your report, correct?

4 A. So one of the things that we talked
5 about earlier is that my report does not
6 include a specific citation to Uber
7 documents. This does not mean that I haven't
8 reviewed Valliere's report, I'm not aware of
9 the Uber documents. In fact, I reviewed
10 Valliere's report, I am aware of the Uber
11 documents that she discusses in that report.
12 I've had access to them and I've reviewed
13 what I thought would be useful. A lack of
14 citation of these specific Uber documents in
15 forming my opinions should not be taken to
16 mean that they're not considered in forming
17 my opinion.

18 Q. And Doctor, we've repeatedly said
19 not only were Uber documents not cited in
20 your report, they are not specifically
21 discussed in your report, correct?

22 MS. CARITIS: Asked and answered.

23 A. So I'll repeat, to the extent to
24 which my report is a direct analysis of
25 Valliere's report and her presentation of

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2 Uber documentation, which I've had access to,
3 which I have considered, my report is a
4 direct scientific discussion of the
5 documentation included in her report.

6 Q. But have you discussed -- is there
7 any discussion of S-RAD in your report?

8 A. Fundamental component of my report
9 is to disagree with the claim that there are
10 prevention measures that can reliably be used
11 to prevent sexual misconduct. So to the
12 extent to which my rebuttal of Valliere's
13 report addresses this issue, I would offer
14 that this report can be used in relevance to
15 S-RAD.

16 Q. Where would I find your discussion
17 of S-RAD in your report; where is the
18 analysis, is it there anywhere to be found in
19 your report?

20 MS. CARITIS: Objection. Form.

21 Q. Can you please point me to the page
22 that discusses S-RAD in your report, if any?

23 MS. CARITIS: Objection. Form.

24 A. So I would offer (audio
25 distortion).

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2 THE COURT REPORTER: You were
3 muffled again.

4 THE WITNESS: I'll go closer.

5 A. So I'll offer broadly, the summary
6 opinions are relevant to a scientific
7 evaluation of prevention measures for sexual
8 misconduct, risk assessment tools that have
9 been developed to assess proclivity for
10 violence. I do not apply to the general
11 population. And our current understanding of
12 these tools is for use in higher risk
13 populations, they have questionable accuracy,
14 we lack reliable and validated tools and
15 methods that can reliably predict future
16 sexual offending.

17 MS. LUHANA: Move to object as
18 unresponsive.

19 Q. Can you please point me to your
20 discussion? Doctor, what is S-RAD?

21 A. My understanding of S-RAD is that
22 it is a part of the considerations and
23 strategies considered for prevention of
24 sexual misconduct.

25 Q. What does it stand for? What are

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2 you looking to, Doctor, to find what S-RAD
3 stands for?

4 A. Pardon me?

5 Q. What are you looking to right now
6 to find what S-RAD stands for? I just want
7 the ladies and the gentlemen of the jury to
8 know.

9 A. Thank you.

10 MS. CARITIS: Objection.

11 Argumentative. Move to strike the
12 preamble.

13 A. I'm going to take a minute to
14 respond if that's okay.

15 MS. CARITIS: Feel free to look at
16 whatever you need to.

17 THE WITNESS: Thank you.

18 MS. CARITIS: And once she answers
19 the question, we've been going at
20 about hour and 20, so when you're at a
21 logical breaking point, a break would
22 be nice.

23 MS. LUHANA: Sure.

24 A. (Document review.)

25 Q. Doctor, what are you looking to to

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2 find what S-RAD means, what it stands for,
3 can you please tell me?

4 A. I'm still taking some time to
5 review the Valliere report, if that's okay.

6 Q. Okay. So it's in the Valliere
7 report. It would be found nowhere in your
8 report; is that right?

9 A. As we have discussed, my report was
10 to specifically offer a scientific opinion of
11 the Valliere report that is grounded in the
12 scientific evidence base of sexual assault
13 prevention. To the extent that Valliere
14 reviews Uber documents, I considered and
15 reviewed those documents.

16 Q. That's not my question. My
17 question is what does S-RAD mean? And you're
18 looking to Dr. Valliere's report. So my
19 question to you is, where is your discussion
20 of S-RAD in your report?

21 (Cross-talk.)

22 MS. CARITIS: Asked and answered.

23 A. I was finishing my statement. I
24 was about to finish that as we've discussed,
25 my report does not cite specific Uber

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2 documentation. Because my report does not
3 cite specific Uber documentation should not
4 be taken to imply that these documents were
5 not considered in my evaluation of the
6 Valliere report.

7 Q. So where would I look to find what
8 your analysis is of Uber's documents --

9 MS. CARITIS: Form.

10 Q. -- in your report?

11 A. Have we moved on from the S-RAD
12 question?

13 Q. I would like you to find the
14 answer, but you're looking to Valliere's
15 report which indicates to me it's nowhere to
16 be found in your report, would you agree?

17 MS. CARITIS: Objection. Form.
18 Argumentative.

19 A. I don't agree with your
20 characterization, no.

21 Q. Doctor, this is -- I don't
22 understand what -- my questions aren't
23 difficult. I am trying to ask you simple
24 questions of where you're referencing
25 Uber's -- your discussion of Uber's

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2 documents.

3 So first I asked you what S-RAD
4 means. And can you, sitting here today, tell
5 me what S-RAD means?

6 A. My understanding of S-RAD is that
7 is a component of the sexual assault
8 prevention strategies and considerations that
9 were explored by Uber.

10 Q. What does S-RAD stand for?

11 A. If you'd like me to continue
12 looking in Valliere report, I want to make
13 sure I get the abbreviation correct for you
14 so I could do that and then I could look to
15 the specific source document that outlines
16 that abbreviation if you like.

17 Q. Can you please look in your report
18 to find where S-RAD is?

19 MS. CARITIS: Objection. Form.

20 Asked and answered.

21 Q. It's nowhere in your rebuttal
22 report, right? You don't reference S-RAD; is
23 that correct?

24 A. As we've discussed, I don't
25 reference specific Uber documents in my

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2 rebuttal report of Valliere.

3 Q. But -- okay. But you're not -- you
4 don't discuss S-RAD specifically, correct?

5 A. My entire report should be a
6 consideration of a scientific evaluation of
7 the sexual assault prevention strategies that
8 are outlined by Valliere which include
9 reference to the Uber documentation listed in
10 that report. Just because I have not
11 included the name S-RAD does not mean that
12 that prevention strategy was not considered
13 as a part of my review of this report.

14 Q. Sure. You're saying you considered
15 it, I hear you. I want it reflected in your
16 rebuttal report, where is the S-RAD
17 discussion to be found in your rebuttal
18 report?

19 MS. CARITIS: Objection. Form.

20 A. And I'm thankful of this
21 educational experience that you're providing
22 to me. As I mentioned, this is my first time
23 doing any expert witness report and I will be
24 sure after this experience today to reference
25 all of the documents. So I apologize that I

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2 can't give you that citation, but I do thank
3 you for your educational experience.

4 Q. I'm not talking about all of the
5 documents. None of the Uber documents have
6 been referenced, which you've given testimony
7 to already. So let's go to --

8 A. Would it be okay if we take a
9 break?

10 MS. CARITIS: Yeah, thank you.
11 Please.

12 MS. LUHANA: Sure, let's take a
13 break.

14 THE VIDEOGRAPHER: All right.
15 Time is 19:10 UTC time and we are off
16 the record.

17 (Off the record.)

18 THE VIDEOGRAPHER: The time is
19 19:24 UTC time and we are back on the
20 record.

21 BY MS. LUHANA:

22 Q. Let's pull up Exhibit 1 and go back
23 to the summary of opinions. Doctor, I want
24 you -- we were looking at Bullet Point 3, I
25 believe. Doctor, looking at Bullet Point 3,

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2 I believe you testified already there is no
3 reference of Uber there or Dr. Valliere
4 specifically in that bullet point, correct?

5 A. Again, I'm not sure what you mean
6 by a "reference," but if we're meaning that
7 Uber is not in this paragraph, that is
8 correct.

9 Q. And Dr. Valliere is not listed in
10 this paragraph either, correct?

11 A. As we talked about before, this
12 paragraph does not include Dr. Valliere's
13 name, but is in direct response to her
14 report.

15 Q. Understood, okay.

16 So you state there's no single
17 factor that can predict risk for violence
18 there, do you see that there in the center?

19 A. Yes, I see that.

20 Q. Are you stating that Dr. Valliere
21 has indicated that?

22 A. So hearing this in this paragraph,
23 it -- what I'm speaking to here is the state
24 of science, in my opinion as a sexual assault
25 prevention expert, the field has documented

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2 various correlates, right, things that are
3 statistically associated with sexual violence
4 on a population level. And what this
5 paragraph is speaking to is that there may be
6 correlates of violence, right, there's a
7 single factor that might be associated with
8 violence. But we do not have one yes or no
9 button that can reliably predict who will be
10 violent. We do not have that crystal ball.

11 MS. LUHANA: Object as
12 nonresponsive.

13 Q. Doctor, my question was just are
14 you stating that Dr. Valliere has indicated
15 that there is no single factor that can --
16 has she asserted that there's a single factor
17 that can predict risk for violence or is this
18 your separate opinion? So my question is,
19 like, there is no reference to Dr. Valliere
20 here, you've testified to that. However,
21 there is a statement that there is also no
22 single factor that can predict risk for
23 violence.

24 So my question to you is, are you
25 attributing that Dr. Valliere, in her report,

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2 has opined that there's a single factor that
3 can predict risk for violence?

4 A. There are statements in the
5 Valliere report where she makes claims that I
6 disagree with where she suggests strategies
7 that could be used to predict who would be
8 violent.

9 Q. That doesn't answer my question.
10 My question is, are you asserting
11 that she's indicating that a single factor
12 can predict risk for violence in her report?
13 It's a yes or no.

14 A. There are sections of her report
15 where she makes claims that a factor should
16 be used or could have been used to predict
17 risk for future harm, which is a claim that I
18 disagree with. There are sections of her
19 report that she says that Uber could have
20 used this or Uber could have used that. I
21 disagree that any single factor that she
22 discusses in her report would be sufficient
23 to predict who might be at risk for future
24 harm.

25 Q. And we've already discussed that,

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2 you haven't discussed any internal Uber
3 documents. But to the extent you thought
4 that was important for your discussion, you
5 would've included that in your rebuttal
6 report, correct?

7 A. I'm not sure what you're asking.

8 Q. Well, you didn't discuss any
9 internal Uber documents or S-RAD or Cerebro
10 or uSights or any of the other Uber
11 deposition testimony that Dr. Valliere is
12 relying on.

13 So my question to you is if you
14 thought that was important, you would've
15 included it in your rebuttal report, correct?

16 MS. CARITIS: Form.

17 A. I don't think that's a fair
18 characterization to make any assumptions of
19 what I did or didn't think was important in
20 terms of my methodology. As I stated before,
21 I don't have reference here to specific Uber
22 documents. This isn't because I don't think
23 they're not important.

24 So to clarify, as a scientific
25 expert, I am aware that Dr. Valliere's report

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2 is providing a review of many different risk
3 prediction tools, Cerebro, S-RAD. Have I
4 cited them specifically in this report? No.
5 What I am providing in this report is my
6 scientific opinion that there is not a
7 reliable way to predict who or who won't be
8 violent. And all of my scientific
9 experiences and including, and what I've seen
10 in the Valliere report, we do not have a
11 sufficient tool to accurately predict who
12 would or wouldn't be harmful.

13 Q. Doctor, I'm just trying to find --
14 I find it hard to believe because there is no
15 discussion of any of these predictive tools
16 in your report, yet you're concluding that
17 Uber's tools to predict, you know, sexual
18 assault on its platform are not reliable, yet
19 there's no discussion of them. So I just
20 don't understand where I would look to to
21 find your analysis of any of these documents.

22 Can you please help me find where
23 that lies in your report, any of that
24 discussion?

25 MS. CARITIS: Form.

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2 A. I think we just covered this. So
3 what you're really looking for a citation of
4 specific-Uber documents. And we said this
5 before in this discussion, my report does not
6 include specific reference to Uber documents.
7 It doesn't mean that they weren't considered.

8 What I'm asserting in this report
9 is that I have reviewed Valliere's claims,
10 one specifically comes to mind in reference
11 to this discussion, so Point 10 and Point 11
12 of her conclusion that Uber could've done
13 more to prevent or deter sexual assault and
14 sexual misconduct. These discussions of
15 S-RAD, these discussions of Cerebro point to
16 Valliere's discussion of risk assessment
17 tools. I am not aware in any of my work with
18 the military and any of my work in sexual
19 assault prevention of any risk assessment
20 tool that has accurate predictive validity of
21 who would be likely to predict sexual
22 violence. We do not have a failsafe tool to
23 do that.

24 Q. Doctor, are you aware of the data
25 that Uber has on its drivers?

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2 MS. CARITIS: Form.

3 A. I'm aware of what's been provided
4 through Valliere's report in reference to
5 Uber documents.

6 Q. Yeah. So tell me about it. What
7 data does Uber collect on Uber's drivers?
8 And they conducted over a billion trips and
9 so give me -- and your understanding because,
10 you know, you've gone through all these
11 documents, what data does Uber collect on its
12 drivers?

13 MS. CARITIS: Objection. Form.

14 A. Data collection is beyond scope.
15 I'm happy to offer some of the things that I
16 recall now. So for example, there are rating
17 systems, drivers are rated by passengers, for
18 example. That would be just one example.

19 Q. Well, it's not beyond the scope
20 because Uber utilizes that for predicative
21 screening. So I want your understanding of
22 what data you've analyzed to come to the
23 conclusion that Uber's predictive tools are
24 ineffective, what -- what data are you
25 considering for that conclusion?

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2 MS. CARITIS: Form.

3 A. My understanding of the tools that
4 are cited in the Uber documents referenced in
5 Valliere's report is that these systems rely
6 on correlates and data, data collected on
7 individuals. So for example, a rider report
8 or stars, these kind of data are collected in
9 aggregate. My understanding of this data is
10 that we do not have a one-to-one way to
11 accurately predict with a crystal ball who
12 will be violent. This is similar to the
13 research with criminal populations, this is
14 similar to the research in psychiatric
15 populations that I reference in my report,
16 that across fields, and it looks like
17 including within rideshare, as much as folks
18 in this field, and this is why we do this, is
19 to try to understand, can this be prevented.
20 What I'm articulating in this rebuttal report
21 is that we do not have accurate failsafe risk
22 assessment tools.

23 Q. That wasn't my question.

24 MS. LUHANA: Object as
25 nonresponsive.

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2 Q. What data is Uber collecting to
3 utilize its predictive tools for sexual
4 assault?

5 MS. CARITIS: Objection. Form.

6 A. My understanding, we can broadly
7 characterize this as characteristics of
8 individuals, characteristics of rides.

9 Q. Is that your answer?

10 A. Would you want me to go into --

11 Q. Yeah, I want you to explain. I
12 mean, you've come to the conclusion that
13 there are no predictive tools that are
14 reliable and Uber has concluded that they're
15 very reliable, so I want to have an
16 understanding of what data you've utilized to
17 come to this conclusion?

18 MS. CARITIS: Objection. Form.

19 Q. So what Uber data has Uber
20 collected for these predictive tools that
21 you've reviewed?

22 MS. CARITIS: Form. Asked and
23 answered.

24 A. I don't feel like I can go into
25 further detail right now without going back

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2 into source documents. I can tell you as an
3 expert in violence prevention, there is no
4 single risk factor or correlate that can
5 accurately predict who will or won't be
6 violent. In fact, when we look at predictors
7 of sexual violence, even something as simple
8 as whether or not someone has offended in the
9 past, studies will even look at past violence
10 as a predictor of future violence. We see
11 that many people who predicted -- who have
12 engaged in sexual violence in the past, do
13 not go on to do it in the future.

14 Our systems, as much as we would
15 like them to be better, are not sufficient to
16 predict risk for sexual offending.

17 Q. Doctor --

18 MS. LUHANA: Objection as
19 nonresponsive.

20 Q. What Uber data has Uber collected
21 for these predictive tools that you've
22 reviewed?

23 MS. CARITIS: Objection. Form.

24 Q. You've concluded they're
25 ineffective. I want to have an understanding

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2 and I would like you to answer the question.

3 MS. CARITIS: Objection. Form.

4 A. Do you want me to take a minute to
5 go back and read the section of the report
6 from Valliere?

7 Q. No, I want you to tell me your
8 opinions for your rebuttal report.

9 MS. CARITIS: She's provided her
10 answer and you just keep -- you're
11 asking her --

12 MS. LUHANA: Alex. Alex, please.

13 Q. Can you -- I am entitled, Doctor,
14 to the facts and opinions you're relying on
15 to reach your conclusions in your rebuttal
16 report.

17 And so what data has Uber collected
18 for these predictive tools that you have
19 reviewed?

20 A. I've stated earlier that my
21 understanding is that Uber's collecting
22 characteristics of rides and characteristics
23 of drivers. In my report, I discuss how
24 things like correlates are not sufficient to
25 predict violence. This is in relation, so if

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2 we want to get into some of the evidence from

3 my scientific background that is related here

4 is that there are multi-faceted risk and

5 predicative factors that can contribute to

6 risk of sexual violence. And even these

7 correlates do not accurately predict who

8 would or would not harm in the future. So

9 there's been over 191 studies that have been

10 published by a review of Andra Teten Tharp.

11 Andra was associated with the Division of

12 Violence Prevention for the Centers of

13 Disease Control. She went on to lead the

14 military response for sexual violence as

15 well. In this research study, she looked at

16 factors for perpetration by adolescents and

17 adults, male and female perpetrators. She

18 looked at all different kinds of

19 characteristics. So there are societal

20 characteristics, there's relationship

21 factors, there's individual risk factors.

22 Even across these 191 studies, even if we

23 know things that may be associated, right,

24 this is a correlation, and correlation does

25 not mean causation, even when we know factors

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2 that are associated with risk for violence,
3 these correlates do not reliably predict who
4 will and who won't offend.

5 So I think it's laudable that there
6 is data being collected to try to understand
7 what is happening in this particular
8 situation, but to believe that any tool is
9 out there that could be a failsafe one-to-one
10 prediction without error would be amiss --

11 Q. Doctor, I just --

12 (Cross-talk.)

13 A. -- our ability to predict human
14 behavior.

15 Q. Doctor, you're not answering my
16 questions and this is what you've been doing
17 most of the day. I -- your counsel will have
18 an opportunity to ask you questions?

19 MS. LUHANA: So objection as
20 nonresponsive to everything after the
21 first sentence of your response.

22 Q. So Uber's collecting
23 characteristics of rides and characteristics
24 of drivers. What does that entail? What is
25 it collecting about the characteristics of

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2 rides and characteristics of drivers that
3 you've reviewed?

4 A. I'm gonna take a minute to pull
5 this out of Valliere's report for you.

6 Q. Is it discussed in your report
7 because you allege that you considered all
8 the data to come to the conclusion that these
9 predictive tools are not effective.

10 So please describe to me the data
11 Uber is collecting on its drivers and the
12 characteristics and also where it's found in
13 your rebuttal report?

14 MS. CARITIS: Objection. Form.
15 Misstates testimony and her report.

16 MS. LUHANA: I think we need to go
17 off the record, Counsel. This is
18 unproductive. The doctor can't answer
19 any of my questions and can't
20 reference her report, and this has
21 been all day.

22 MS. CARITIS: Yeah, for the
23 record, I mean, I disagree, she's
24 trying to find you answers. I think
25 she's trying to do what you asked her

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2 to do. If you'd like to go off the
3 record and have her take another
4 second to look.

5 MS. LUHANA: I think so because
6 now this is extraord- -- -orbitant
7 amount of time that's been wasted on
8 this.

9 MS. CARITIS: It's not a waste.
10 She's trying to answer your questions.
11 She's trying to answer your questions
12 as best as she can, and when you're
13 asking her a question that is not
14 clear to her, she doesn't understand
15 what you're saying, she's trying to
16 find the answer because she thinks
17 that's what you want her to do. So we
18 can go off the record for a second.

19 What are we looking for right now?
20 Candidly, I don't know what we're
21 looking for right now.

22 MS. LUHANA: She's looking for
23 the data that Uber is collecting on
24 the characteristics of its drivers
25 and riders to come to her conclusion

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2 that --

3 MS. CARITIS: I have no idea what
4 that means.

5 MS. LUHANA: Well, she gave the
6 answer so she said they're collecting
7 the characteristics of drivers and
8 riders, I want to understand what that
9 means. What's the --

10 (Cross-talk.)

11 A. I offered stars, I offered user
12 reports, so characteristics of drivers and
13 rides. And we're getting stuck.

14 Q. And what else?

15 MS. CARITIS: Doctor, if the
16 answer is you don't know, that's an
17 answer.

18 And Roopal, I'm not trying to -- I
19 just really am trying to help. I'm
20 not sure she -- so I will not --

21 (Cross-talk.)

22 A. At this moment, I cannot pull up
23 out of my brain kind of the specific report
24 that lists all of these things that folks are
25 collecting.

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2 Q. Okay. So is -- and I won't find it
3 in your report either; is that accurate? I
4 won't find the data that Uber has collected
5 for its predictive tools to consider?

6 A. And this is where we're going back
7 and forth that I have not cited specific Uber
8 documents in the report.

9 Q. Okay. And Doctor, in terms of what
10 you have cited in your rebuttal report, the
11 studies that you've cited and the
12 publications, but for the one that you
13 identified, do not apply to rideshare,
14 correct?

15 MS. CARITIS: Form.

16 A. Are we moving forward now?

17 Q. Yeah. You answered my question,
18 so...

19 A. Are we back on record? I wasn't
20 sure if this was back on the record.

21 Q. I don't think we ever went -- we
22 didn't go off record, I don't believe.

23 MS. CARITIS: Candida, can you
24 please reread the last question so the
25 doctor knows what she's answering?

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2 (Referred to portion of the record
3 was read back by the court reporter.)

4 A. Which studies are we referring to?

5 Q. So to reach your opinions in your
6 report, the studies that you're citing
7 including all the publications in Exhibit B,
8 but for the Tillewein study that you
9 reference, do not relate to rideshare,
10 correct?

11 A. I disagree with that. Many of
12 these studies are broad in relation to
13 violence and could have applicability to a
14 number of different environments. So for
15 example, there are studies in here that have
16 to do with positive predictive value of
17 assessments which are absolutely relevant to
18 thinking about our ability to predict sexual
19 violence.

20 Q. Sure. But none of them -- I
21 understand that, you can extrapolate
22 potentially, you're saying you can, I
23 understand that. But none of them, but for
24 that Tillewein study, specifically discuss
25 rideshare, correct?

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2 A. So if we're getting down to whether
3 the word "rideshare" is included in these
4 specific citations, certainly the Tillewein
5 uses the word "rideshare." If we're talking
6 about whether broad research on what is known
7 about violence is included in this reference
8 in this report, the answer is absolutely yes.
9 And there are a number of scientific concepts
10 such as predictive utility that can be
11 applied no matter the situation. These are
12 broad statistical concepts that would have
13 applicability to predicting behavior in any
14 context, including rideshare.

15 Q. Okay. But they are not discussing
16 rideshare, correct? I understand
17 applicability, Doctor, but these studies
18 don't reference rideshare.

19 A. So if we take a study, for example,
20 the study that I reference here, which is a
21 really nice example of positive predictive
22 value, it is a broad guide to misinterpreting
23 the results of screen tests, it was published
24 in 2022, it does not mention the word
25 "rideshare."

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2 Q. So my question is in terms of
3 documents you're relying on and looking at
4 Exhibit B and the publications you have cited
5 in your report, but for the Tillewein
6 publication, none of them are specifically
7 discussing rideshare, correct?

8 A. The word "rideshare" is not
9 discussed in these publications with the
10 exception of Tillewein. And there's also a
11 broad article Ison, et al., which discusses
12 public transportation.

13 Q. Great. Let's go back to your
14 report and let's look at Bullet Point 4.

15 So Doctor, you say:

16 Well designed systematic reviews
17 have repeatedly found that for adult men,
18 there is no effective strategy for preventing
19 sexual aggression.

20 Correct?

21 A. Correct.

22 Q. Okay. However, if you turn to
23 page 9 of your report, let's go there. The
24 first sentence of the second paragraph you
25 say:

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2 Sexual assault prevention programs
3 for men are underdeveloped in comparison to
4 other approaches, and you say, but they show
5 limited effects in reducing rates of sexual
6 aggression over long-term follow-up periods.

7 So is it -- is it completely not
8 effective or is it limited effectiveness?
9 What is -- what is your conclusion here?

10 MS. CARITIS: Form.

11 A. This is a really exciting area of
12 the literature, right, because as of the
13 DeGue article and also some of my own work
14 has looked at prevention program specifically
15 among men. So a recent book that I published
16 also specifically focused on engaging men and
17 boys in sexual assault prevention. And what
18 we know about prevention programs
19 specifically for men and boys is that
20 historically, prevention programs were
21 evaluated sometimes on something as simple as
22 knowledge, maybe attitudes, but we really
23 didn't know, does it work.

24 So for the DeGue article, one thing
25 to really know about that specific article is

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2 that DeGue has a review of the literature and
3 simply states that of all of the programs out
4 there, very few are specific to men. And
5 then if we look at those articles, very few
6 of those even examine, does this program
7 reduce rates of sexual assaults. And I don't
8 know, but most folks, you know, if they're
9 going to engage in something, they want to
10 know that it works, right. If you have a
11 medication from your doctor, you want to know
12 it's been tested in a randomized trial, does
13 this actually reduce the thing that we're
14 trying to address.

15 Now, some of that problem with
16 DeGue was because for a long time, folks
17 didn't think that you could accurately
18 assess, you know, the effectiveness of a
19 program, but we have assessment measures that
20 can assess whether or not someone has engaged
21 in sexual violence.

22 So that's Mary Koss' early research
23 in 1980s. She developed a sexual experience
24 scale, this is a scale I'm a part of the
25 redevelopment of, it's undergone two

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2 revisions. And this measure, people will
3 respond using behaviorally specific questions
4 as to whether or not they've engaged in
5 something that meets legal definitions of
6 sexual assault.

7 So one thing that you'll see in the
8 DeGue study is that of the programs for men,
9 very few looked at whether or not they reduce
10 rates of sexual assault. Now, Wright later
11 on has an extension of this literature and
12 again looks at now do we have programs that
13 are actually looking at this really critical
14 component of reducing rates of sexual
15 aggression. Now, there are some limited
16 programs, right, limited effects, but there's
17 nothing long-term.

18 So one program, for example, that I
19 was involved in the evaluation of showed a
20 reduction in rates of sexual aggression
21 perpetration, so that's men reporting that
22 they engaged in sexual violence --

23 Q. Doctor, I just have to interject.
24 Doctor. Doctor, you're not answering my
25 question and I'm not asking complicated

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2 questions.

3 In your conclusion, you stated
4 there was no effectiveness. However, in your
5 report, you're noting limited -- there's some
6 effectiveness to it. And then later on you
7 indicate that they're mixed results there of
8 qualitative review, also documents mixed
9 results of harassment training outcomes.

10 So which is it? Is your conclusion
11 that there is some effectiveness or no
12 effectiveness, because words matter, Doctor?

13 MS. CARITIS: Form.

14 A. Well, let me explain the rate study
15 a little bit more, I think that will help
16 me --

17 Q. I don't -- I don't need you to
18 explain the study because we have limited
19 time and I'm just trying to understand.
20 You're stating here there is some limited
21 effects and there are mixed results. Whereas
22 in your conclusion, you're saying there is no
23 effectiveness.

24 Which is it, Doctor?

25 A. We do not have a sexual assault

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2 prevention program for adult men that shows
3 long terms effects in reducing rate of sexual
4 assault.

5 Q. Okay. Doctor, you can move back to
6 her summary opinions.

7 Doctor, have you implemented sexual
8 assault or harassment trainings for a profit
9 company?

10 A. I've been involved in the
11 evaluation of a program for a for-profit
12 company, yes.

13 Q. Have you implemented a program?

14 A. Personally, no. No, I'm not -- so
15 the programs I implemented are in the context
16 of research grants.

17 Q. Okay. And so how about for
18 rideshare, you haven't implemented any sexual
19 assault or harassment trainings for
20 rideshare, correct?

21 A. No.

22 Q. Have you reviewed for the rideshare
23 industry what is effective for sexual assault
24 or harassment trainings?

25 MS. CARITIS: Form.

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2 A. As a part of my literature review
3 for this proposal, I examined what is
4 currently being discussed in the literature.

5 Q. But for rideshare specifically,
6 have you reviewed whether Uber has conducted
7 any experiments to see if their particular
8 trainings are effective?

9 A. At the current moment, I'm not
10 aware of any.

11 Q. So you haven't reviewed whether
12 Uber has conducted any experiments to see if
13 their particular training is effective,
14 correct?

15 A. I haven't seen a randomized
16 controlled trial of Uber's effectiveness.
17 There was a really interesting report,
18 though, that did come out that looked at some
19 longitudinal data suggesting that when Uber
20 implements a rideshare, sexual assault in New
21 York City actually went down. So I did see
22 that. I didn't include it in the report
23 because it wasn't a randomized trial, it was
24 a prevention program, but there's some
25 versioning of data out there.

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2 Q. So you're focused -- my question
3 wasn't on randomized trials, Doctor. Have
4 you reviewed whether Uber has conducted any
5 experiments to see if their particular
6 training is effective?

7 A. I'm not aware of an experimental
8 trial of Uber's program specifically, no.

9 Q. An experimental trial or any
10 experiments to see if particular training is
11 effective; is that right?

12 MS. CARITIS: Form.

13 A. In my mind an experimental trial
14 and experiment would be the same thing.

15 Q. Okay, that's fine. Fair.

16 So have you reviewed any documents
17 that have assessed what training would be
18 effective in the rideshare context to prevent
19 sexual assault?

20 MS. CARITIS: Form.

21 A. Yeah, several of the things that I
22 read in preparation for this report provided
23 some speculation whether research literature
24 should go and some of those also discussed in
25 the -- in the article that discuss rideshare

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2 specifically. So that was the Tillewein and
3 Cox investigating implications of sexual
4 assault with ridesharing.

5 Q. So you believe that article
6 discussed rideshare training in what would be
7 effective?

8 A. They call -- they make a call for
9 research to examine what kind of trainings or
10 prevention might be effective.

11 Q. No. I'm saying -- so what
12 documents that have assessed what training
13 would be effective in the rideshare context.

14 So my question is, have you
15 reviewed any documents that have assessed
16 what training would be effective in the
17 rideshare context to prevent sexual assault?

18 A. To the extent that the Valliere
19 report discusses prevention measures, I'm not
20 aware of a study that has looked at rideshare
21 specifically in evaluating a prevention
22 program, for example, a training, an
23 education and training program for a
24 rideshare, no.

25 Q. Doctor, you're narrowing it. I'm

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2 not looking for a study, I'm just looking or
3 any document that have assessed what training
4 would be effective in the rideshare context
5 to prevent sexual assault.

6 MS. CARITIS: Form.

7 Q. So have you reviewed any documents
8 that have assessed what training would be
9 effective in the rideshare context to prevent
10 sexual assault?

11 MS. CARITIS: Form.

12 Sorry. Did you say something? We
13 couldn't hear you if you did.

14 A. I cannot think of a document of
15 evaluating the effectiveness of a rideshare
16 specific training.

17 Q. Okay. Doctor, in Bullet Point 4,
18 Uber isn't noted anywhere here in Bullet
19 Point 4, correct?

20 A. We discussed this on a previous
21 point that the word "Uber" does not appear in
22 this paragraph.

23 Q. Thank you.

24 And Dr. Valliere similarly does not
25 appear in this paragraph, correct?

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2 A. We've also discussed this
3 previously that the name "Dr. Valliere" is
4 not referenced in this paragraph. It's not
5 to mean that this paragraph isn't explicitly
6 in reaction to the report of Dr. Valliere
7 that I reviewed.

8 Q. Okay. You can take this down.

9 Doctor, you discuss the public
10 health approach to the prevention of sexual
11 violence in your report, right?

12 A. Yes.

13 Q. And you opined that Uber steps
14 align with the public health model, right?

15 A. Yes. So what I saw was defining
16 the problem, collection of data, identifying
17 correlates with a movement towards working
18 towards prevention that would be in alignment
19 with the public health approach.

20 Q. And Doctor, do you recall that
21 presentation that I had referenced earlier
22 where you were a guest speaker in 2021 that
23 was a Zoom presentation that was What Works
24 in Sexual Assault Prevention. Do you recall
25 me referencing that YouTube talk that you

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2 gave earlier today?

3 A. The talk itself is hazy, but I do
4 recall you referencing it.

5 Q. Okay. And there you discussed
6 public health approach and you discussed a
7 story of a fisher with respect to the
8 bystander?

9 A. Fisher in the river, yes. Fisher
10 in the river. It's a public health story
11 about kind of going upstream to identify
12 risks for farm before they happen.

13 Q. Can you tell us -- can you share
14 the story with us?

15 A. Still a couple of different ways,
16 but it's often told in public health classes.
17 The story goes a little bit like this, that's
18 there is a fisher at a river and notices that
19 individuals are kind of, you know, falling in
20 the water is one version, and so they would
21 race in and jump in to try to save them and
22 then kind of pull them out of the water and,
23 you know, go along with their day. They got
24 quite frustrated, right, because they kept
25 getting interrupted. And, you know,

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2 eventually after pulling many people out of
3 the river, they decided they need to go
4 upstream and look to see what was happening.
5 So that parable is often utilized to discuss
6 how when we are faced with -- if faced with a
7 public health concern, it's useful, rather
8 than focusing efforts solely on dealing with
9 the folks falling in the river, and when we
10 think about sexual assault that's our work in
11 supporting victims, it's vital. It's not to
12 say we shouldn't be supporting victims,
13 right, you've gotta notice, you've gotta
14 provide folks strategies for folks to get
15 help. That's the whole idea of getting in
16 the river, you've gotta go and help.

17 So the parable focuses on just
18 focusing on just going in to help and
19 providing victim support services, you know,
20 isn't getting upstream to try to identify
21 what are some of the things that we could do.
22 Ideally, it's not just one fisher, it's
23 people going together, it's people stepping
24 up as bystanders. And also some will even
25 argue it's about, you know, doing whatever

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2 you can to be safe and not fall in the river
3 in the first place, right. So doing things
4 that help protect yourself from harm.

5 So that story is often used in
6 public health approach to really kind of
7 focus not just on tertiary prevention, which
8 is addressing the folks who are harmed, but
9 also looking to see what we could do in terms
10 of prevention.

11 Q. And so that's generally like about
12 empowering communities, right, you would look
13 at that in terms of the public health
14 approach with the bystander approach.

15 Would you agree?

16 A. Well, there the issue is more
17 broadly. So I think I would agree that
18 that's one way is bystander intervention, but
19 generally think of sexual assault prevention,
20 this is a complex thing, and just like we
21 wouldn't want one thing for cancer
22 prevention, we want to do multiple things.
23 You wear your sunscreen, you don't smoke, all
24 of these things. And even folks who, you
25 know, do smoke sometimes don't get cancer,

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2 there's no one-to-one relation. We gotta do
3 a lot of things. And even when we do a lot
4 of things, stuff still happens, people still
5 fall in the river. But it really speaks to
6 this notion of comprehensive prevention, more
7 than one strategy, right. So this is also
8 reflected in my broad work in prevention is
9 that we want to have strategies that empower
10 potential victims that's not sufficient. But
11 we also want to look at what we can be doing
12 to support other people. So if I'm, you
13 know, with someone, how can I keep my friend
14 safe as a bystander. Someone says something
15 inappropriate, I can let them know as a
16 bystander, hey, I'm not cool with that. And
17 also for the folks who might have the
18 potential to harm, how can we provide them
19 with skills and training as much as we can to
20 try to reduce the risk.

21 Q. So I mean, but the bystander
22 approach you'd agree it's focused on shifting
23 social norms and peer behavior, right, it's
24 spreading that responsibility across society?

25 MS. CARITIS: Form.

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2 A. Yeah, I would agree. So kind of
3 the idea of the bystander approach, it's
4 almost -- it's sometimes misinterpreted to
5 just mean see something do something. But
6 ideally the bystander approach is when I see
7 something and say something, other people
8 recognize that I care about this and
9 recognize that this isn't something that is
10 okay, right. So letting people know that
11 you're not okay with a joke, for example, you
12 know. Maybe the joke's already happened, but
13 they get the message that other people aren't
14 cool with it.

15 Q. So you'd agree that bystander
16 approach wouldn't work when an Uber driver is
17 assaulting an Uber passenger, right?

18 MS. CARITIS: Form. Scope.

19 A. Did you say would work or wouldn't?

20 Q. Would not.

21 A. To answer this question fully
22 scientifically, I would want to know about
23 the cases, I would want to see a trial. But
24 if I'm gonna answer the question just with a
25 really practical response here, a bystander

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2 approach requires that someone else is there.
3 And if I'm riding one-on-one, you know,
4 someone might not be there to let someone
5 know, hey, I'm not okay with that, with what
6 you just said. You know, this could be, you
7 know, in any kind of confluence, right, it
8 could be a driver saying something to the
9 passengers in the back seat. It could be,
10 you know, it could be in any confluence, but
11 I think a difficulty with bystander
12 intervention assumes that someone else is
13 there to help.

14 And there was one study -- actually
15 two studies that I did that showed that we
16 asked men if they had done something to
17 deliberately walk someone home when they
18 didn't want to or offer them alcohol when
19 they didn't want to. And we asked them, did
20 it continue, like, were you successful or
21 like were you successful engaging someone in
22 unwanted sexual contact. Or we asked them,
23 did you try to do this? And some people said
24 yes, I did it, and it went forward. And some
25 people said, yes, I tried it and it didn't go

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2 forward.

3 The interesting thing about this,
4 and I think speaks to your question, not a
5 single one of those attempted grievances,
6 trying to get someone alcohol when they don't
7 want to drink, trying to take someone to an
8 isolated location when they didn't want to go
9 or trying to initiate an unwanted sexual
10 advance, none of them stopped. I think in
11 one study we might've had a few, but one
12 study, none of them stopped because of
13 bystander intervention, which really speaks
14 to the point that oftentimes people aren't
15 there in that moment.

16 So that's one of the reasons why
17 bystander intervention generally isn't
18 considered a sufficient strategy. We do
19 advocate a comprehensive, you know,
20 prevention approach. Albeit even with
21 prevention approach, those of us in the field
22 who do this work know that even after the
23 program, there will still be people that
24 experience harm and still be people that
25 continue to participate.

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2 Q. Doctor, have you ever heard of,
3 like, cameras, intervention cameras being
4 used as bystanders?

5 MS. CARITIS: Form. Scope.

6 A. So I was aware of the cameras that
7 came out in the report. I am not kind of a
8 detection expert, so I am not aware of that
9 literature, but that would be -- I -- the
10 issue with -- for me, personally, of thinking
11 of a camera as a bystander, the camera can't
12 talk back. When I think of a bystander is
13 someone who's gonna give corrective feedback
14 to the person who's engaging in harm in the
15 moment to try to tell them that their
16 behavior is not okay. So that -- I wouldn't
17 equate a camera to a bystander because the
18 feedback is really what the bystander needs
19 to do.

20 Q. Doctor, you'd agree that the
21 bystander approach doesn't create legally
22 enforceable duties?

23 MS. CARITIS: Form. Scope.

24 A. I've never heard of that actually.

25 Q. So with Uber, you're aware that

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2 Uber controls who drives for Uber, right?

3 MS. CARITIS: Objection. Form.

4 Scope.

5 A. I'm aware they have hiring

6 processes.

7 Q. But you're aware that Uber controls

8 whether a driver is on the platform or not on

9 the platform?

10 MS. CARITIS: Objection. Form.

11 Scope.

12 A. I'm aware that they can have --

13 they can remove individuals from the platform

14 and have a say of who was on the platform.

15 Q. And Uber controls which safety

16 policies to enforce, you're aware of that?

17 MS. CARITIS: Objection. Form.

18 Scope.

19 A. I -- to make a broad assumption, I

20 would think that any company would be setting

21 their own policies.

22 Q. So yeah, they would have their own

23 policies to enforce if they would like,

24 correct?

25 MS. CARITIS: Form.

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2 A. Yes, I believe any company would be
3 the one setting their own policies.

4 Q. And whether a driver can pick up a
5 passenger depends on Uber's screening and
6 monitoring systems, would you agree with
7 that?

8 MS. CARITIS: Objection. Form.
9 Scope.

10 A. I'm not sure I can speak to that
11 actually.

12 Q. Okay. And are you aware of the
13 systems -- those systems involve technology
14 and data that Uber can use to prevent sexual
15 assault on its platforms?

16 MS. CARITIS: Objection. Form.
17 Scope.

18 A. So I feel like there's two things
19 that you're asking here, so it's, like, maybe
20 a double-barreled question, so I'll address
21 the first first.

22 Yes, I'm aware that there's
23 information that Uber collects about the
24 rides. To the extent to which that
25 information could be used to prevent assault,

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2 scientifically it would be my opinion that we
3 don't have enough information to reliably
4 suggest that information about the specific
5 characteristics of a ride or how that would
6 translate into a prevention initiative. That
7 would be effective in preventing violence.

8 Q. Sure. But you're saying
9 scientifically, but it can use its data to
10 block pairings or prevent rides from
11 occurring, right?

12 MS. CARITIS: Objection. Form.
13 Scope.

14 A. Not being someone who -- you know,
15 it would seem that a company could do that.
16 You know, I'm not -- I haven't, you know, I'm
17 just gonna answer -- your answer is could
18 they do that, it seems reasonable to assume
19 that a company could.

20 Q. Okay. You're aware that Uber can
21 remove unsafe drivers from its platform,
22 right?

23 A. Yes, I'm aware.

24 Q. And have you reviewed Uber's
25 deactivation policies?

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2 A. To the extent that they're
3 discussed in the Valliere report, I'm aware
4 what Valliere has discussed in the report.
5 Can I comment specifically today about
6 deactivation policies? I can't comment any
7 further.

8 Q. Well, do you know anything about
9 their deactivation policies and when they
10 choose to deactivate a driver?

11 MS. CARITIS: Objection. Form.

12 Asked and answered.

13 A. I can tell you broadly that I'm
14 aware of what Valliere has discussed in the
15 report and to the extent that I've reviewed
16 secondary documents, but I can't provide
17 additional detail at this time.

18 Q. Okay. And you haven't discussed
19 that in your report, right, anything about
20 Uber's deactivation policies.

21 Withdrawn.

22 You're aware that Uber has access
23 to background checks, complaint data --
24 actually, that's withdrawn too.

25 Have you conducted any study that

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2 shows that a public health prevention model
3 reduces sexual assault by Uber drivers?

4 MS. CARITIS: Form.

5 A. I have personally never been in a
6 study that looks specifically at Uber
7 drivers. It is possible there may have been
8 an Uber driver in my study somewhere
9 sometime, we never asked them to disclose,
10 right, who they work for in a study. But
11 Uber, no, I've never done a study
12 specifically with Uber drivers.

13 Q. You didn't -- have you ever tested
14 your theory in a rideshare context?

15 MS. CARITIS: Form.

16 A. I'm not sure --

17 (Cross-talk.)

18 Q. Any model --

19 A. I'm not sure what theory you're
20 referring to.

21 Q. To reduce sexual assault by Uber
22 drivers, have you ever tested that rideshare
23 context?

24 MS. CARITIS: Form.

25 A. What theory are you referring to?

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2 Q. Withdrawn.

3 Did you review any of Uber's safety
4 engineering documents and discuss them in
5 your report?

6 A. So I'm going to separate that into
7 two questions. So the first was specific to
8 safety engineering documents so -- and were
9 three Uber documents on the Uber web page
10 that are the safety report, so I think that's
11 what you're referring to there.

12 Q. No.

13 A. So safety documentation there, so
14 that would be one. So, you know, insofar as
15 Valliere discusses various safety strategies,
16 so kind of like specific features in the app,
17 I'm aware of those safety documents that are
18 referenced in the report.

19 And then I'll answer the question
20 second because I think we've been down this
21 road before, and I'll note that although my
22 report does not give a citation to specific
23 policies, my broad scientific discussion of
24 prevention measures for sexual violence which
25 also include safety measures offers the

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2 opinion that we do not have effective sexual
3 violence prevention strategies.

4 Q. Doctor, did you review any of
5 Uber's risk analysis documents?

6 A. Can you be more specific as to
7 which those are?

8 Q. Anything that's evaluating the risk
9 of sexual assault on its platform, have you
10 reviewed those documents and discussed them
11 in your report?

12 A. Are you referring to things like
13 S-RAD or those kinds of programs?

14 Q. Yeah, anything, Women2Women using a
15 dashcam, S-RAD, Cerebro, uSights, do you have
16 any of those discussions in your rebuttal
17 report? And this is specifically referenced.
18 I mean, can I look at your rebuttal report
19 and can I find where it states S-RAD,
20 Cerebro, uSights, Women2Wwomen matching, is
21 that mentioned anywhere in your report that
22 specific terminology?

23 A. So if we look at my report, I do
24 not mention specific terminology in the
25 report. And I've also mentioned, while this

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2 terminology is not in the report, it does not
3 mean that I'm not considering this
4 information when I offer the scientific
5 opinion that Dr. Valliere's suggestion that
6 we can predict who would be violent or that
7 there's an effective prevention strategy
8 available, we disagree with those claims, and
9 my report broadly offers a rebuttal to those
10 claims.

11 Q. Are you familiar with the hazard
12 hierarchy?

13 MS. CARITIS: Form.

14 A. Are you speaking to the taxonomy of
15 different types of assaults on the platform?

16 Q. No, hazard hierarchy.

17 A. No, I'm not familiar.

18 Q. You understand that Uber's a
19 for-profit company?

20 A. I do.

21 Q. Are you aware that it's in the
22 business of providing rides in exchange for
23 compensation?

24 MS. CARITIS: Form.

25 A. I understand that Uber is a

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2 rideshare company and I would assume that as
3 a for-profit company, they are, you know,
4 working in a business that is looking to
5 exchange, you know, looking for a profit.

6 Q. Are you aware that Uber has a duty
7 to provide a safe ride to its passengers?

8 MS. CARITIS: Objection. Form.
9 Scope.

10 A. So the documents that I reviewed in
11 Valliere's report, as well as Uber's document
12 and safety documents, they state very clearly
13 that safety is important.

14 Q. To provide a safe ride to its
15 passengers, that's part of Uber's duty, would
16 you agree?

17 MS. CARITIS: Form. Scope.

18 A. I'm reluctant to comment on the
19 word "duty" because the interpretation of
20 that feels like something that could get
21 sticky. But in reviewing the documents, I
22 would say that, you know, I'm not -- I'm not
23 here to comment on, you know, company duties.
24 I don't work in business, but I do work, you
25 know, I can offer an opinion on Valliere's

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2 report and the documentation I've reviewed
3 and would say that Uber comments a commitment
4 to safety -- comments on a commitment to
5 safety or has expressed this clearly.

6 Q. Okay. In terms of Uber's
7 responsibility to provide safe rides, you
8 would agree that includes a responsibility to
9 take steps that work to prevent its
10 passengers from being sexually assaulted by
11 its drivers, right?

12 MS. CARITIS: Form. Scope.

13 A. I'm taking some time here because I
14 want to be sure that this is in my area of
15 expertise to comment on as a sexual assault
16 prevention scientist who doesn't work in
17 business practices.

18 Q. But Dr. Valliere comments on this
19 and so you're responding to her report, so I
20 would appreciate your response to this
21 answer.

22 MS. CARITIS: Objection. Form.

23 Q. And you can say I don't know. I
24 mean, I'm just trying to understand.

25 A. When I reviewed the (audio

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2 distortion).

3 Q. Sorry, Doctor. You're cutting out.

4 Candida is gonna to be like...

5 A. You know, I -- can you repeat the

6 question?

7 Q. Sure.

8 Would you agree part of Uber's

9 responsibility is to take steps that work to

10 prevent passengers from being sexually

11 assaulted by its drivers?

12 MS. CARITIS: Form. Scope.

13 A. I think broadly not being someone

14 who is an expert in corporate ethics, I

15 cannot -- I don't know specifically in terms

16 of a company's responsibility for safety. I

17 can think of, you know, laws in college

18 environment in Title IX and what colleges are

19 legally obligated to do. But the question of

20 company responsibility to safety feels like a

21 step outside of my expertise in sexual

22 assault prevention and really the evidence

23 about what works in prevention. Happy to

24 speak about what works, but really company

25 ethics and responsibilities feel like a

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2 business practice.

3 Q. I'm confused, Doctor. We talked
4 about the bystander approach where you're
5 impressing on bystanders to take steps to
6 assist with sexual assault and other things
7 that are occurring to intervene and make a
8 difference. Yet, when I'm asking about
9 Uber's responsibility to take steps that work
10 to prevent passengers from being sexually
11 assaulted by its drivers, you are unable to
12 provide an opinion; is that correct?

13 MS. CARITIS: Objection. Form.

14 A. Yeah, I haven't -- I haven't
15 studied the, like, business ethics of company
16 responsibility in this specific setting.

17 Q. I mean -- well, would you think it
18 would be appropriate for Uber to take steps
19 that work to prevent passengers from being
20 sexually assaulted by its drivers?

21 MS. CARITIS: Form. Scope.

22 A. I can comment on what works in my
23 knowledge on developing sexual assault
24 prevention programs.

25 Q. Okay. So you don't have an opinion

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2 on that question, you're saying?

3 A. No, I don't have an opinion.

4 Q. Okay. Okay. Doctor, let's go to
5 page 4 of your report, which is Exhibit 1.

6 Actually, let's go to page 9. Okay. And
7 let's look at the section for Prevention
8 Standards in Taxi and Rideshare Industries,
9 and you state that:

10 Valliere opines without scientific
11 support that the acts of sexual offenders are
12 often preventable.

13 And you don't have a cite to
14 Dr. Valliere's report. However, I believe
15 there are a number of places where
16 Dr. Valliere makes these statements. But
17 sitting here right now, do you know what the
18 basis of Dr. Valliere's statement was here?

19 MS. CARITIS: Form.

20 A. I'm not sure what you mean.

21 Q. In terms of this statement, do you
22 know what she was attributing it to; what the
23 basis and support for this statement was?

24 MS. CARITIS: Form.

25 A. If we go to the section of the

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2 report where she's talking about preventive
3 measures, should we find that there?

4 Q. No, no. But my question here is,
5 do you understand what the source of this
6 statement was for Dr. Valliere, sitting here
7 looking at your report, 'cause I can't tell
8 from what you quoted here, and we've talked
9 about context being important, but do you
10 know what Dr. Valliere was citing here?

11 MS. CARITIS: Form.

12 A. I would offer it was often unclear
13 what Dr. Valliere was citing because there
14 weren't references to science. So this was a
15 point I made in my report that oftentimes
16 it's not clear if she's citing a research on
17 folks who sexually offend against children
18 and folks who --

19 THE COURT REPORTER: Doctor, you
20 have to slow down.

21 A. So to repeat that, I would say that
22 there are often places in the report where I
23 am not clear that Valliere -- what research
24 Valliere is referring to because she does not
25 cite specific studies. So sometimes it's not

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2 clear if she's looking at the research on
3 sexual offenses towards children, sexual
4 offenses for undetected perpetrators, or
5 sexual offenses among incarcerated offenders,
6 each of those are separate sources of
7 literature. So if we could go to the place
8 in the report, it would help me get some more
9 context for that.

10 Q. Doctor, so you don't know sitting
11 here what Dr. Valliere was citing as you just
12 testified to. However, you didn't provide a
13 cite here for your report, right?

14 A. I --

15 (Cross-talk.)

16 A. That's a mischaracterization that I
17 testified that I --

18 Q. Is it?

19 A. -- don't know what Valliere was
20 reporting. I said broadly there are many
21 places in her report where she does not cite
22 which body of research she is referring to.

23 If we can go to the specific place
24 in the report where the quote, "the acts of
25 sexual offenders are often preventable," I

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2 recognize did not include a page number, I
3 will happy to do this in the future or
4 provide a revised report so these kinds of
5 confusing points we can move past them more
6 quickly. But if we can go to this area of
7 the report, I'm happy to speak more about the
8 context.

9 Q. But it would be important, right,
10 to see what she's citing here, you'd agree?

11 MS. CARITIS: Objection. Form.

12 Would you like her to control F and
13 find what she's citing?

14 MS. LUHANA: Counsel, yeah, my
15 question is, but it would be important
16 to know what she's citing, correct?

17 MS. CARITIS: Objection. Form.

18 Q. Doctor, let's put up the report.
19 But I want an answer to the question, Doctor,
20 it's important to know what she's citing for
21 you, correct?

22 MS. CARITIS: Objection. Form.

23 MS. LUHANA: Lance, can you please
24 put up Exhibit 4 next to.

25 MS. CARITIS: Roopal, I did a

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2 control F, if you'd like me to direct
3 the witness, but if you'd like her to
4 find it herself, of course that's your
5 prerogative.

6 MS. LUHANA: No, I will direct her
7 to it, but I have a question pending,
8 I was waiting for a response.

9 A. Before I can answer that question,
10 I'd like to find this piece in the report
11 please.

12 Q. Okay, that's fine. I mean, there's
13 several places she cites it, but let's go to
14 page 39. And if we go to page 39 of
15 Dr. Valliere's report, it's the second
16 paragraph there, and it says:

17 In March 2016, Uber was aware that
18 many safety incidents are predictable.

19 MS. CARITIS: That's a different
20 sentence than what she read you to in
21 her report.

22 MS. LUHANA: Her -- the sentence
23 in her report is, we'll pull it up
24 actually next to --

25 MS. CARITIS: Preventable, it's

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2 right on the screen.

3 MS. LUHANA: Yeah, I understand.

4 MS. CARITIS: Okay. You read
5 "predictable." "Preventable" appears
6 on page 48 of Valliere's.

7 MS. LUHANA: There are several
8 cites to this, Alex.

9 Q. So Uber has acknowledged if safety
10 incidents are predictable, they are
11 preventable.

12 Do you see that in the center of
13 this paragraph? I just wanted to review the
14 entire paragraph because it is citing
15 internal Uber documents as you can see.

16 MS. CARITIS: Just to be clear,
17 for the record, you're reading
18 Valliere's report and that's what
19 we're highlighting now, I just want to
20 be very clear for the record.

21 MS. LUHANA: Right.

22 Q. And so you say:

23 Valliere opines without scientific
24 support that the acts of sexual offenders are
25 often preventable.

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2 And you see here Uber has
3 acknowledged that if safety incidents are
4 predictable, they're preventable, that's
5 attributed to an Uber document, right,
6 Doctor?

7 MS. CARITIS: Objection. Form.

8 A. So if we're talking about this
9 statement, Uber has acknowledged, quote, that
10 if safety incidents are predictable they are
11 preventable. I see the citation there to
12 Nilles, EX 184 UBER_JCCP_MDL Nilles, Nilles.
13 So those are citations there.

14 Q. It's to Nilles and it's also a
15 document referencing Sunny Jeon, which was an
16 intelligent decision system that was studied
17 by Uber.

18 But Doctor, is there any reason you
19 removed the reference to Uber when citing
20 Valliere's report in your rebuttal report?

21 MS. CARITIS: Objection. Form.

22 Misstates her report. She's citing a
23 different portion of the report.

24 MS. LUHANA: Alex.

25 A. Can we go to the portion of the

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2 report that I'm citing?

3 MS. CARITIS: You're mis- -- I
4 don't know if you're doing it on
5 purpose, but this is a different
6 portion --

7 MS. LUHANA: Alex, please don't
8 coach. You can take your time to
9 conduct your examination of the
10 doctor.

11 Q. But Doctor, do you see Uber, in
12 March 2019, said Uber was aware, as
13 Dr. Valerie was saying, that many safety
14 incidents are predictable.

15 Do you see that up top right there?

16 MS. CARITIS: Form.

17 Q. And Dr. Valliere says, Uber has
18 acknowledged that safety incidences are
19 predictable, they are preventable. And it
20 references the Nilles documents.

21 Did you review these documents when
22 you had come to this conclusion in your
23 report?

24 MS. CARITIS: Form.

25 A. I can't recall today if I reviewed

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2 these or not.

3 Q. So this prior sentence here about
4 where Dr. Valliere and what she's quoting
5 provides context, correct?

6 MS. CARITIS: Objection. Form.
7 Misstates the report.

8 A. Can we go back to the question
9 here?

10 Q. So does this provide you context
11 that Dr. Valliere, when she was making the
12 statement that the acts of sexual offenders
13 are often preventable is actually based on
14 Uber documents?

15 MS. CARITIS: Objection. Form.

16 A. So as we're discussing this
17 specific point, which is different from the
18 point that I've referenced on page 9 of my
19 report, so if we focus on your question of
20 Valliere's references here, so she is
21 referencing Uber documents here. So I would
22 agree that she is referencing Uber documents.

23 Q. And she's referencing Uber
24 documents that directly state that if safety
25 incidences are predictable, they are

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2 preventable, correct?

3 A. I see that sentence, yes.

4 Q. But you state in your report
5 Dr. Valliere opines without scientific
6 support that the acts of sexual offenders are
7 often preventable, correct?

8 MS. CARITIS: Form.

9 A. It is my scientific opinion in
10 reviewing Valliere's report and my own
11 expertise as someone who has been involved in
12 numerous trials of sexual assault prevention,
13 that even with correlates, even with
14 predictors of safety, prevention efforts
15 often fail.

16 We have folks even after they sit
17 through a 12-hour program that still go on to
18 perpetrate. And I've met folks in my
19 interventions who still go on to perpetrate,
20 and these are interventions who are helpful
21 in comparison to a control group for some
22 people. Some referring to the --

23 THE COURT REPORTER: I'm sorry,
24 Doctor. Doctor --

25 Q. Doctor, I will interject --

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2 THE COURT REPORTER: Excuse me.

3 I'm trying to interrupt.

4 MS. LUHANA: Candida, I get it.

5 THE COURT REPORTER: You're going
6 very fast. I didn't get the names you
7 were stating.

8 THE WITNESS: Okay. I'll go back
9 to it.

10 Q. Doctor. Doctor, I want to focus my
11 questions here.

12 MS. LUHANA: Objection as
13 nonresponsive.

14 Q. So it is your opinion that Uber's
15 conclusion that if safety incidences are
16 predictable, they are preventable is not
17 sufficient support for Dr. Valliere to make
18 the statement that the acts of sexual
19 offenders are often preventable?

20 MS. CARITIS: Form.

21 A. I did not make those two (audio
22 distortion). So what I'm specifically
23 discussing on page 9 is that acts of sexual
24 offenders are often preventable, that claim
25 does not have sufficient scientific support.

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2 Q. Doctor, but --

3 (Cross-talk.)

4 MS. CARITIS: That's directly
5 answering your question.

6 MS. LUHANA: No, it's not,
7 because --

8 Q. Doctor, we're unclear of what part
9 of Dr. Valliere's report you're quoting, and
10 here it says, The acts of sexual offenders
11 are often preventable. Dr. Valliere is
12 quoting an Uber document directly.

13 My question is very specific. Is
14 this Uber document insufficient scientific
15 support for you?

16 MS. CARITIS: Form.

17 A. It seems like we're taking what
18 I've written on page 9 out of context that
19 acts of sexual offenders are often
20 preventable, which I know that Valliere
21 opines without scientific support. I go on
22 in that section of the report to discuss the
23 research that we have on the effectiveness of
24 sexual assault prevention.

25 Q. That doesn't answer my question,

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2 Doctor.

3 A. In my report --

4 (Cross-talk.)

5 Q. Doctor, I am focused on --

6 (Cross-talk.)

7 A. I wasn't finished. Can I finish,
8 please?

9 Q. Unfortunately this entire
10 deposition you evaded my questions, and we
11 may have to go to the court and ask for
12 additional time with you.

13 MS. CARITIS: Good luck. We
14 object to that.

15 MS. LUHANA: I will go to Judge
16 Cisneros with this because you have
17 been extremely evasive and taken very
18 long for simple questions that are
19 asked and not answered the questions
20 being asked. I would like you to
21 listen carefully to the question I'm
22 asking.

23 Q. So Dr. Valliere here is quoting an
24 Uber document directly for the statement that
25 the acts of sexual offenders are preventable.

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2 And my question to you is, is that not
3 support enough for her statement; is that
4 your conclusion?

5 A. Without being able to locate the
6 quote that you have in my report and its
7 connection to the statement, I am not able to
8 evaluate that.

9 Q. Okay.

10 MS. LUHANA: Let's pull up the
11 document, actually. Let's pull up
12 Nilles Exhibit 1884, which was one of
13 the documents that Dr. Valliere had
14 cited. It's RL5 and I guess it would
15 be Exhibit 5 here.

16 (Exhibit 5, Bouncer v3 document,
17 Bates UBER_JCCP_MDL_003231342, was
18 marked for identification.)

19 Q. Let's go to the first page of the
20 document and highlight the summary, please.
21 And this is a document from Sunny Jeon who
22 was a data scientist in the trust and safety
23 for Uber from March 28, 2016.

24 Doctor, why don't you please read
25 the summary for the ladies and gentlemen of

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2 the jury.

3 A. This document provides an overview
4 of Bouncer, an intelligent decision system
5 for anticipating and preventing safety
6 incidents on the Uber platform, (e.g.,
7 accidents and interpersonal conflicts).
8 Statistical machine learning models predict
9 whether drivers will or will not be involved
10 in a safety incident 7, 14, 30 and 60 days
11 into the future. High risk users are
12 targeted interventions that prevent safety
13 incidents in randomized controlled trials.
14 The key performance indicator is reduction in
15 safety incidents.

16 Q. Thank you.

17 And let's go to the next page and
18 up top. Can we just highlight:

19 Although safety incidents are rare
20 and may appear random, many safety incidences
21 are predictable.

22 Did I read that correctly?

23 A. Yes, you read that correctly.

24 Q. And then you'll see a bullet point
25 here talking about safety incidents rates

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2 increasing dramatically between 1 and 3 a.m.
3 on Saturday nights, Sunday mornings, on
4 holidays and other days of major social
5 gatherings.

6 And if you scroll down further,
7 that first sentence there states:

8 If safety incidents are
9 predictable, they are preventable.

10 So Doctor, in terms of
11 Dr. Valliere's statement that safety
12 incidents are predictable and preventable,
13 and citing to this document, your conclusion
14 is that this isn't sufficient support for her
15 to make that statement?

16 MS. CARITIS: Form.

17 Q. Is that true?

18 A. I'm basing my evaluation as a
19 sexual assault prevention scientist, in the
20 sexual assault literature, we have risk
21 factors, we have correlates, and this
22 statement here is a broad generalization of
23 kind of prevention theory. Specifically in
24 my report specific to my expertise in sexual
25 assault prevention science, we may know risk

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2 factors, we may know correlates, it doesn't
3 mean we have an effective sexual assault
4 prevention strategy.

5 Q. Doctor, have you discussed the
6 Bouncer intelligent decision system in your
7 report, specifically, have you referenced it?

8 A. As we have discussed before, I
9 don't reference specific types of prevention
10 measures such as S-RAD or Bouncer in my
11 report. This does not mean they aren't taken
12 into consideration.

13 Q. So, Doctor, in terms of
14 Dr. Valliere attributing this statement to
15 Uber and stating safety incidences are
16 predictable, they're preventable, that isn't
17 sufficient support for you for her to assert
18 that in your report; is that correct?

19 A. When I'm doing an assessment, I am
20 basing this as noted in my methodology, also
21 based on what the science shows about sexual
22 assault prevention. Very much agree that
23 there are risk factors, that are correlates.
24 And in looking at these kinds of modeling,
25 Uber was setting out to look at some of these

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2 things. This is exciting work as a
3 preventionist.

4 It is my scientific opinion,
5 however, that even knowledge of correlates is
6 insufficient for prevention approach.

7 Q. So you disagree with Uber that if
8 safety incidents are predictable, they are
9 preventable, according to their intelligent
10 system that they formulated in 2016?

11 MS. CARITIS: Form.

12 A. My scope is not to agree or
13 disagree with Uber. My scope is as a
14 scientist to comment on what we know about
15 sexual assault prevention. And it is my
16 opinion to specifically address the Valliere
17 report, and I would disagree that we have
18 strategies to suggest that an effective
19 prevention strategy exists for sexual
20 assault. And that's not just specific to
21 rideshare, but this would be for other
22 communities as well. Our field does not have
23 an effective solution for identifying who is
24 going to perpetrate or how to prevent harm.

25 Q. Apparently Uber concluded that

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2 they're able to predict safety incidents,
3 including sexual assaults to prevent them,
4 and you're stating you disagree with their
5 findings, is that so?

6 MS. CARITIS: Form.

7 A. That question feels out of scope.
8 If I were to do an analysis of Uber -- of
9 this specific statement which is quite broad.

10 Q. Doctor, you're criticizing
11 Dr. Valliere's --

12 MS. LUHANA: Is there feedback?
13 Are you guys getting feedback?

14 THE WITNESS: There is feedback.

15 MS. CARITIS: That might be my
16 typing, I have all nails.

17 THE COURT REPORTER: It's an echo.
18 It's an echo.

19 MS. CARITIS: Oh, it's not my
20 typing. Good.

21 MS. LUHANA: Yeah, I don't think
22 it's your typing. I mean, I'm still
23 hearing it and you probably stopped
24 typing, Alex.

25 MS. CARITIS: I don't hear

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2 anything, let me make sure it's not
3 me.

4 MS. LUHANA: Hello. I can hear
5 feedback from me and feedback from
6 you, Doctor, so...

7 THE COURT REPORTER: I don't hear
8 it now. When Alex muted, I didn't
9 hear it.

10 A. Let me try answering your question
11 a different way.

12 Q. No. Let's -- I -- you've answered
13 the question already.

14 And so your criticism of
15 Dr. Valliere is because Dr. Valliere --
16 scratch that.

17 Dr. Valliere is relying on Uber
18 documents to reach her conclusion and
19 opinion, and you disagree with the basis of
20 the support she has for her conclusion,
21 correct?

22 A. I would disagree. I think she's
23 relying on other things other than Uber
24 documents. She has her 20 plus years of work
25 in the field. She has other things that she

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2 discusses also without citation. So there's
3 a lot that she appears to be relying on.

4 Q. Doctor, let's -- let's -- that is
5 true, but this specific statement is
6 attributable to Uber. And so let's look at
7 the other places in her report where she
8 references the statement.

9 So let's go to page 3 of
10 Dr. Valliere's report. Actually, let's
11 withdraw that. Let's move on.

12 MS. LUHANA: How much -- let's
13 actually take a break. Go off the
14 record?

15 THE VIDEOGRAPHER: The time is
16 20:46 UTC time and we are off the
17 record.

18 (Off the record.)

19 THE VIDEOGRAPHER: The time is
20 21:00 UTC time and we're back on
21 record.

22 BY MS. LUHANA:

23 Q. Doctor, let's go back to your
24 report around -- let's turn to page 11, so
25 that's Exhibit 1 page 11. And if we scroll

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2 down to the third paragraph.

3 Doctor, you say:

4 An example is Valliere's discussion
5 of the underreporting rates of sexual assault
6 in the population-based literature on sexual
7 assault, which are discussed with relevance
8 to Uber incident data.

9 And then you state:

10 Reporting dynamics vary by setting
11 and Uber's anonymous reporting mechanisms,
12 lack of any requirement that the rider report
13 to law enforcement in the first instance, and
14 rider demographics make such extrapolation of
15 population-level sexual assault data
16 ungeneralizable to this context.

17 So Doctor, looks like you're
18 criticizing Dr. Valliere for her discussion
19 of underreporting rates of sexual assault; is
20 that correct?

21 A. The point that I'm making here is
22 that the reporting systems on the Uber
23 platform are unique to this platform. So if
24 we have information about likelihood to
25 report in different settings, likely to

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2 report to your resident advisor or likelihood
3 to report to your doctor, or likelihood to
4 report to the police. Each of those has very
5 different likelihood estimates depending on a
6 situation. So I think this is a matter of
7 context.

8 So this section of the report, I'm
9 making the point where at times I had
10 concerns that there was broad literature just
11 generally about reporting, which there are
12 many studies about reporting suggesting that
13 in different contexts reporting varies. And
14 the point I'm making here is that it's
15 inappropriate to generalize studies about
16 specific studies, for example, reporting to
17 the police or reporting to your doctor or
18 resident advisor to a specific context.

19 Q. Are you aware of what Dr. Valliere
20 was relying on when she was making statements
21 about underreporting and she was relying
22 on -- are you aware sitting here what she was
23 relying on when she was making statements
24 about underreporting on the Uber platform?

25 MS. CARITIS: Form.

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2 A. (Audio distortion.)

3 Q. I'm sorry, you are cutting out
4 again.

5 A. How's that?

6 Q. Good.

7 A. There are several different
8 sections in the report where Valliere talks
9 about reporting, whether that is a -- for
10 example, when she's discussing 911 button or
11 also just talking broadly about reports that
12 came to Uber. So I'm aware of several places
13 where Valliere talks about reporting.

14 Q. My question was, do you know what
15 she's relying on when she's discussing
16 underreporting?

17 MS. CARITIS: Form.

18 A. I'm aware of various Uber documents
19 that she references in the report.

20 Q. And so you think it's improper for
21 Dr. Valliere to rely on Uber documents which
22 conclude that sexual assault is underreported
23 on the platform?

24 MS. CARITIS: Form.

25 A. No, that's not what I'm saying.

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2 I'm raising a broad point here that when
3 giving a scientific opinion, my task for this
4 report was to give a scientific evaluation of
5 the claims made in Valliere's report. And
6 this broad section of the report notes my
7 concerns of places in the report where
8 Valliere appears to be speaking broadly about
9 general trends in sexual assault literature.
10 And it wasn't clear to me kind of how this
11 was specifically applicable to the rideshare
12 environment.

13 Q. So you don't cite the report, but
14 let's go to the report, Exhibit 4. You don't
15 cite where you have concerns about the
16 statement she made in her report, correct,
17 here, Doctor?

18 A. You're correct. As we've
19 discussed --

20 Q. Okay.

21 A. -- in other sections.

22 Q. So let's go to page 7 of
23 Dr. Valliere's report and scroll down, it's
24 the last paragraph there. Yes, perfect.

25 So it states -- she states:

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2 As even Uber acknowledges, sexual
3 assaults are underreported.

4 And she cites to exhibits from the
5 Boman deposition. Do you see that there,
6 Doctor?

7 A. Second to last sentence, correct?

8 Q. No. It's the first sentence, As
9 even Uber acknowledges, sexual assaults are
10 underreported, correct?

11 A. Oh, yes, I see it.

12 Q. And you see she cites to the Boman
13 deposition?

14 A. Yes, I see that.

15 Q. Do you recall who Ms. Boman is,
16 sitting here today?

17 A. No, I can't speak to that.

18 Q. And she cites to a Chang deposition
19 exhibit.

20 Do you know who Mr. Chang is?

21 A. As we discussed, I've had an
22 opportunity to review these documents, but
23 right now in this moment I can't specifically
24 say that I do.

25 Q. Okay. And then she cites to the

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2 McDonald deposition.

3 Do you know who Ms. McDonald is?

4 A. At this moment I can't recall.

5 Q. Okay. And she also cites to the

6 Nilles deposition.

7 Do you know who Ms. Nilles is?

8 A. At this moment, I can't recall.

9 Q. Okay. Then she cites to a Wong
10 exhibit as well.

11 Do you know who Mr. Wong is?

12 A. We were just reviewing a report
13 that I believe was Wong. Is this the same
14 one or a different one?

15 Q. It's the same one, Mr. Sunny Wong,
16 yes.

17 A. So we just looked at that one.

18 Q. Yeah. Do you know who Ms. Breeden
19 is?

20 A. I do not know Ms. Breeden.

21 Q. Ms. Childs?

22 A. I do not know Ms. Childs.

23 Q. Dr. Gaddis?

24 A. I do not know Mr. Gaddis.

25 Q. Okay. And so she cites to all

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2 these depositions and exhibits saying even
3 Uber acknowledges sexual assaults are
4 underreported.

5 And then if we go to the statement
6 that says:

7 In a 2017, sexual
8 assault/misconduct strategy reduction
9 strategy document, Uber --

10 MS. LUHANA: Lance, do you see
11 that in the center in a -- yeah. Can
12 you just highlight that entire
13 sentence? And I would like
14 Dr. Orchowski to read that out loud.

15 THE COURT REPORTER: Slowly,
16 please.

17 A. Yes.

18 Q. Slowly.

19 A. Okay. In a 2017, sexual
20 assault/misconduct reduction strategy
21 document, Uber recognized that, quote, we
22 know that there is a high likelihood of
23 underreporting incidents and behaviors on our
24 platform due to unintuitive reporting
25 feedback flows, societal influence and a

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2 prevalent belief that we will not act on
3 information.

4 Q. Thank you. And she cites to
5 Ms. Breeden and Ms. Nilles's deposition. And
6 you said you don't know who they are sitting
7 here today. And then the next sentence goes
8 on to say -- can you read that out loud,
9 Dr. Orchowski?

10 A. In fact, Uber acknowledged that at
11 least one condition of the rideshare
12 environment itself alone could lead to more
13 underreporting - the fact that the assailant
14 may have the victim's home address.

15 Q. Okay. And it cites to Ms. McDonald
16 and Mr. Kaiser.

17 Do you know who Mr. Kaiser is?

18 A. So you're asking me if I know these
19 people, so to clarify, these are not people
20 that I have met. It's possible that I may
21 have reviewed these reports in preparing my
22 opinions. So I just want to be very clear, I
23 do not know Mr. McDonald. I do not know
24 Kaiser.

25 Q. Yeah. Dr. Orchowski, I am not

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2 assuming you know these people personally.
3 My question is, do you know who they are in
4 the company because these were all the
5 deposition transcripts that Dr. Valliere had
6 included and reviewed and cited. And so I
7 want to know, sitting here today, whether you
8 know whether any of these employees who they
9 are?

10 A. I am not aware. I can't recall
11 today what their specific roles are in the
12 company.

13 Q. Yeah. And then that last sentence:

14 Uber is aware that not only sexual
15 assault -- not only is sexual assault
16 underreported generally, it is further
17 underreported to Uber because Uber knows
18 victims do not trust Uber to act on the
19 information.

20 And it cites a Parker exhibit as
21 well as a Breeden exhibit.

22 Do you know who Ms. Parker is?

23 A. No, I'm not familiar with
24 Ms. Parker.

25 Q. Okay. And let's go now to -- so

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2 these were all the citations to
3 Dr. Valliere's report as we've gone through
4 which show that Uber is aware that sexual
5 assaults are underreported on its platform,
6 correct?

7 MS. CARITIS: Form.

8 A. Could you repeat the question?

9 Q. Sure.

10 These are all the citations to
11 Dr. Valliere's report that we've gone through
12 which indicate that Uber is aware that sexual
13 assaults are underreported on its platform,
14 correct?

15 MS. CARITIS: Form.

16 A. So correct, this a section of
17 Valliere's report where she's using Uber
18 documentation to discuss underreporting.

19 Q. Okay. Let's go to page 14 of
20 Dr. Valliere's report. And let's go to,
21 Training condition by Uber, that in the
22 center of the page there. And it says:

23 Uber received other trainings in
24 sexual assault.

25 I apologize, it's the first

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2 sentence.

3 Trainings commissioned by Uber from
4 organizations involved in the anti-violence
5 against women movement underscores many of
6 the issues I have highlighted in my report.

7 Do you see that there?

8 A. I do.

9 Q. And it says:

10 The training highlighted the
11 following points, among others:

12 And one of the bullet points there
13 states that sexual assault is underreported.

14 Did I read that correctly?

15 A. Yes, you're reading that correctly.

16 Q. Okay. And let's go to page 33 of
17 Dr. Valliere's report. Okay. And it's the
18 first full paragraph there starting with,
19 When Uber announced.

20 Okay. And Doctor, can you read
21 that second sentence starting with, Uber
22 acknowledged?

23 A. Uber acknowledged that deactivation
24 alone isn't enough to keep the platform safe
25 from risky users because dangerous behaviors

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2 are, quote, probably way underreported, since
3 riders only provide ratings on drivers on
4 46 percent of trips, more than half of the
5 time -- quote, more than half of the time we
6 don't even know if it was a good or bad
7 experience.

8 Q. And this is citing Mr. Cinelli.

9 Are you aware of who Mr. Cinelli is
10 at Uber?

11 A. No, I'm not aware of his role.

12 Q. And you see it's a direct quote
13 from the document where it says that
14 dangerous behaviors are probably way
15 underreported?

16 A. I can see that quote.

17 Q. Okay. Did I read that correctly,
18 that quote?

19 MS. CARITIS: Form.

20 A. You read probably way underreported
21 correctly.

22 Q. Okay. Now let's go to page 40 of
23 Dr. Valliere's report and -- sorry. I'm
24 trying to find the reference. Give me a
25 second. Okay. It's that third paragraph

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1 L. Orchowski - Highly Confidential
2 starting, Injury and damage from sexual
3 assault. So if we could pull that up. Can
4 you read that second sentence out loud there?

5 A. Uber's own testimony and documents
6 support this understanding.

7 Q. That actually is not the right
8 quote I was looking for, I apologize. It's
9 page 40 at the bottom right there, People
10 believe. It says:

11 People believe that false
12 allegations of sexual abuse or mistreatment
13 are common.

14 And then goes on to state:

15 In fact, sexual assault is
16 significantly underreported and false
17 allegations are rare. Uber's own testimony
18 and documents support this understanding.

19 And Doctor, you see she's citing to
20 Ms. Nilles's testimony and Mr. Wong's
21 exhibit.

22 Do you see that there?

23 A. I see that there.

24 Q. Okay. And so let's turn back to
25 your report where you make this assertion on

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2 page 11 about Dr. Valliere's report including
3 broad statements about an example in
4 Dr. Valliere's -- it's the third paragraph.

5 So an example is Valliere's
6 discussion of the underreporting rates. And
7 you said, she makes broad statements about
8 underreporting generally and it applies it to
9 the Uber platform.

10 What are you referring to in her
11 report?

12 A. So I think we just discussed one,
13 that last statement that false reports are
14 believed to be common. So we could pull that
15 back up. So that would be an example of a
16 broad statement that is without citation.
17 And as a researcher --

18 Q. Doctor, she cited to Ms. Nilles'
19 testimony there, as well as Mr. Wong's
20 document, so --

21 A. So you asked me for an example of a
22 broad statement and I just gave one.

23 Q. We're talking about underreporting
24 rates of sexual assault and we went through
25 several examples. And so you're referring to

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2 that one sentence that we just read, that's
3 what you're referring to as a broad statement
4 that there isn't support for?

5 A. Yes, that is an example of a broad
6 statement.

7 Q. Okay. And --

8 A. One clarification here is my point
9 throughout this section of the report is that
10 there are multiple occasions where broad
11 statements are made about sexual assault in
12 general. And this is a very unique context,
13 and the literature just isn't there with
14 rideshare research. This is a growing field.
15 We have a report in -- by -- in 2024 that I
16 reference in the reference section, we've
17 talked about it a couple times, it calls for
18 research in this area, we don't know how
19 population based research could apply here.
20 Could it be that we have higher
21 underreporting here? Maybe. Could it be we
22 have lower? Maybe. Could it be just the
23 same? We don't know.

24 And as a scientist, I am very much
25 interested in evaluating things based on

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2 data. So that's what I'm calling for here.

3 Q. So once again, in terms of Uber's
4 evaluation of all the data on underreporting,
5 I do not see it reflected and discussed in
6 your rebuttal report, correct?

7 A. We've covered this topic that my
8 report doesn't cover specific citations of
9 Uber documents. And this is not meant to
10 imply that I did not consider or not aware of
11 these documents or of their discussion in the
12 report.

13 Q. Doctor, are you familiar with what
14 a crime triangle is?

15 A. This is something -- this is
16 something that I believe Valliere had talked
17 about in the reports. I could find it where
18 she mentions this.

19 Q. No. But I'm trying to get your
20 understanding of it. Are you familiar with
21 what a crime triangle is without referring to
22 Dr. Valliere's report?

23 MS. CARITIS: Form.

24 A. This is not a common component of
25 sexual assault prevention research for

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2 adults. So in fact the documents that I
3 referenced on CDC frameworks do not mention a
4 crime triangle.

5 Q. But CDC is for public health,
6 correct?

7 A. My understanding is that CDC has a
8 lot of purposes, public health being one of
9 them.

10 Q. Okay. So let's go to page 12 of
11 your report. That's 13. I believe, the page
12 before.

13 So under that second paragraph you
14 say:

15 Valliere's report --

16 Is there a reason you don't refer
17 to her as Dr. Valliere?

18 MS. CARITIS: Form.

19 A. No.

20 Q. Okay. Valliere's report claims
21 that Uber constructed an environment which
22 caused sexual violence to occur.

23 Do you see that statement there?

24 A. I do.

25 And actually, as I think back to

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2 that last question, it's very common to
3 psychology we just refer to folks by the last
4 name. So it's like we would say Orchowski,
5 et, al., or Valliere, et al., or just
6 someone's last name. So I feel this is a
7 form of writing in APA form. So I hope that
8 clarifies.

9 Q. So can you read the second part of
10 that the second sentence there?

11 A. Valliere's report claims that Uber,
12 quote, constructed an environment which
13 caused sexual violence to occur. But this
14 claim rests on a logical fallacy, in essence,
15 that whenever misconduct occurs on the Uber
16 platform, it must somehow have been caused by
17 conditions created by Uber.

18 Q. Okay. So now let's look at -- of
19 course, we don't have the cite, but let's
20 pull up Dr. Valliere's report, and I believe
21 we're on page 39 of it. And at the bottom,
22 the paragraph before the last paragraph,
23 sorry, and she says here:

24 As previously described, Uber pairs
25 drivers to riders and has constructed its own

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2 crime triangle (see above) and was well aware
3 of the risk factors of each of the element of
4 the triangle.

5 Do you see that there?

6 A. Yes, I see that statement.

7 Q. Okay. And let's go to page 31.
8 And she describes a crime triangle there,
9 it's at the bottom, the second-to-last
10 paragraph, I believe. And do you see she
11 says:

12 Rideshare is a clear crime triangle
13 on its own with motivated and undeterred
14 offenders (some previously identified as
15 such), opportunity provided by Uber for the
16 driver to work in the rideshare environment,
17 and high risk victims who may be intoxicated
18 can be isolated and are dependent on the
19 offender.

20 Do you see that there?

21 A. I see that.

22 Q. And there is this analysis in
23 Uber's own research identifying this
24 triangle, entitling -- the document's
25 entitled Personal Safety Deep Dive: Sexual

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2 Assault Focused from June 2016.

3 Do you see that there?

4 A. I see that.

5 Q. Do you know who Payne is?

6 A. I cannot say today that I know

7 Payne.

8 Q. Okay. And Mr. Wong we said you
9 don't know who Mr. Wong is, but for the
10 document I showed you earlier, correct?

11 A. No, we've reviewed the Wong
12 document. I want to be clear, what I'm
13 saying today that off the top of my head I
14 cannot recall who these folks are does not
15 mean I have not seen these documents,
16 considered them.

17 Q. Do you know who the head of safety
18 is at Uber?

19 MS. CARITIS: Form.

20 A. Currently, no, I do not.

21 Q. What about law enforcement?

22 MS. CARITIS: Form.

23 A. I have a very -- okay. I had a
24 very specific tasking to evaluate Valliere's
25 report, so getting to know the law

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2 enforcement personnel affiliated with Uber or
3 knowing the staff particularly that I'm
4 placed with Uber right now wasn't specific to
5 evaluating Valliere's report.

6 Q. Doctor, are you aware that
7 Dr. Valliere reviewed and considered all
8 their deposition testimony and provided
9 specific references in her report to these
10 individuals at the company?

11 MS. CARITIS: Form. Asked and
12 answered.

13 A. I've seen Valliere's description of
14 her references, yes.

15 Q. So do you see it says in this
16 document:

17 There's powerful and compelling
18 information that provided clear, concrete
19 information to Uber about sexual assault
20 during Uber Rides and the specific identified
21 risk factors to be addressed in these three
22 areas of driver, rider and trip
23 circumstances.

24 Do you recall what this document
25 discussed?

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2 MS. CARITIS: Form.

3 A. At the present moment, we can pull
4 up the document, but I don't recall what it
5 discussed right now.

6 Q. Okay. And above she talks about
7 the crime triangle there. She says the crime
8 triangle, above this paragraph there says:

9 The crime triangle is a term used
10 to describe the elements that facilitate and
11 impact criminal behavior, particularly
12 opportunistic crime. The crime triangle
13 consists of factors presented by the
14 offender, the victim, and the opportunity.

15 Did I read that correctly?

16 A. You did.

17 Q. Do you recall reviewing any
18 documents from an Uber criminologist?

19 A. I'm not sure what you're referring
20 to.

21 Q. Uber hired a criminologist. And my
22 question to you is, do you recall the
23 criminologist that Uber had hired and her
24 discussion of this?

25 MS. CARITIS: Form.

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2 A. I can't recall right now which
3 specific document you're referring to.

4 Q. Would you consider sexual assault a
5 crime of opportunity?

6 MS. CARITIS: Form.

7 A. Is that a question for me?

8 Q. Uh-huh.

9 A. So it depends on the theoretical
10 model. So some -- so there's public health
11 models, there's a more personality focused
12 models. The model I work with the most is
13 the integrated model of sexual aggression,
14 and we have a chapter in this -- in the book
15 that reviews all the different various
16 theoretical, etiological models of sexual
17 aggression. And -- and I believe that, you
18 know, we would likely classify opportunity in
19 some of those models. So for example, the
20 confluence model doesn't have a particular
21 focus on opportunity, but some other models
22 do.

23 So my broad synthesis of the
24 literature as a sexual assault prevention
25 researcher would be that for some

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2 individuals, so for some perpetrator

3 profiles, it can be.

4 We did a research study in 2011

5 where we asked college students whether or

6 not they were gonna engage in 11 -- about 10

7 or 11 different forms of sexual aggression

8 over the course of a college semester. Some

9 reported that they were going to and they

10 did. And some reported they weren't gonna do

11 any of those things and they did. So there's

12 a lot of question as to kind of the different

13 factors of why.

14 Q. Doctor --

15 (Cross-talk.)

16 A. So for some people, it does appear

17 that it could be a crime of opportunity.

18 MS. LUHANA: Object as

19 nonresponsive to everything before the

20 "so for some people."

21 Q. Doctor, you can take this down.

22 I want to talk about some of the

23 publications that you've engaged in.

24 Typically, how long does it take

25 you to research and write a paper?

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2 A. It depends. (Audio distortion.)

3 Q. You're cutting out.

4 A. Sometimes my lab is doing papers in
5 a day now, so that would be at the kind of
6 the quick end of the spectrum. I work as the
7 director of the research for practice and
8 policy core of our center for --

9 THE COURT REPORTER: I'm sorry.

10 Doctor, you have to slow down.

11 THE WITNESS: I'm sorry, Candida.

12 A. So going back. Sometimes we have
13 papers in a day. So I work with this on my
14 research team and also in my role as director
15 for the Center for Biomedical Research,
16 Excellence and Injury Control. We also host
17 this with our investigators where we bring
18 together teams to -- to look at data and
19 collaborate on a paper. So I would say at
20 the very minimum end of the spectrum that we
21 can do this in a day. At the very large end
22 of the spectrum, depending on how long the
23 data collection takes, data analysis take, it
24 might take much longer, and even longer to
25 find publication outlet that's a good fit.

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2 So there's a very wide range.

3 Q. So in terms of the hours of
4 research that you're putting in sometimes a
5 day's worth of research you're saying to
6 publish a paper?

7 A. Well, I don't think that's an
8 accurate characterization. So the research
9 process from conceptualization to data
10 collection to data analysis and then data
11 write-up. So what I was specifically
12 responding to in your last question was how
13 long does it take to write a paper.

14 Q. Oh, no. I meant like in terms of
15 what's involved in doing the research and
16 finding the references and collecting the
17 data to publish a paper, how long does that
18 take?

19 A. So you're talking about a research
20 study that I might run myself, like if I'm
21 going out to collect new data or secondary
22 data where it already exists?

23 Q. Secondary data where it exists.

24 A. Okay. That's a much more finite
25 task. If we have secondary data that -- that

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2 would fit for our paper in a day, so we
3 generate research hypotheses collaboratively.

4 Q. So you finish your research in a
5 day on secondary data. So let's look at one
6 of your papers which I think you looked at
7 secondary data.

8 A. To clarify, not all papers are in a
9 day. There are many secondary papers that
10 take longer to refine. But if you wanted the
11 shorter end of the spectrum, our lab hosts
12 papers in a day and some papers take much
13 longer to develop. It really depends.

14 Q. When you're talking about papers,
15 these are like voluminous, like, publication
16 that's 10, 15, 20 pages would take a day's
17 time you're saying?

18 A. No, the average publication length
19 is generally 30 to 40 pages. But, yes, our
20 team is capable of -- a team of five of us,
21 we just completed a paper in a day recently.

22 Q. So it's a team of five all putting
23 in time to complete a paper. Understood. So
24 it's not just one individual completing the
25 paper in a day's time. That's helpful to

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2 know.

3 Doctor, you would agree
4 comprehensive approach is necessary to
5 decrease the risk of sexual assault
6 regardless of the industry, right?

7 MS. CARITIS: Form.

8 A. I have written papers that advocate
9 for taking a more comprehensive approach to
10 sexual violence. A really important caveat
11 there is that while I would advocate a
12 comprehensive approach where we're doing lots
13 of different things, I also see Uber doing
14 lots of different things that are noted in
15 this report, so that would be moving in this
16 right direction. I do not believe that even
17 with a comprehensive approach that we have a
18 strategy in place that is effective for truly
19 preventing sexual assault.

20 MS. LUHANA: Move to -- objection
21 as unresponsive as to that last
22 sentence.

23 Q. In some of your publications, you
24 discuss the importance of comprehensive
25 reform which includes increasing awareness of

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2 sexual violence, right?

3 A. Could you repeat that?

4 Q. Sure.

5 In some of the publications that
6 you've written, you've discussed the
7 importance of comprehensive reform which
8 includes increasing awareness of sexual
9 violence?

10 A. I would say that awareness is one
11 of many components of a prevention approach.

12 Q. Okay. Let's mark as Exhibit 6, RL6
13 which is your paper entitled Integrating
14 Sexual Assault Resistance, Bystander, and
15 Men's Social Norms Strategies to Prevent
16 Sexual Victimization.

17 (Exhibit 6, Sexual Assault
18 Resistance, Bystander, and Men's
19 Social Norms Strategies to Prevent
20 Violence on College Campuses: A Call
21 to Action, was marked for
22 identification.)

23 Q. Doctor, are you familiar with this
24 paper?

25 A. Yes, very well.

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2 Q. And you authored this and published
3 it in 2020, correct?

4 A. Yes. I authored it with Katie
5 Edwards, Jocelyn Hollander, Victoria Banyard,
6 Charlene Senn, and Christine Gidycz.

7 Q. And this was about preventing
8 sexual violence on college campuses?

9 A. Yes, each of us are college sexual
10 assault prevention researchers, we do that as
11 a part of your work. So this paper, we
12 really came together to discuss current
13 approaches in the field and how they might be
14 put together specifically for college
15 students.

16 Q. And in fact, you call this A Call
17 to Action, right?

18 A. That's in the title, yes.

19 Q. So let's turn to page 812. And if
20 we can hone in on Figure 1 and it's entitled
21 the Logic model: Risk reduction, resistance
22 education and self-defense programs, correct,
23 Doctor?

24 A. That's correct.

25 Q. And you discuss increasing

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2 disclosure and reporting of the assault as a
3 primary outcome, right, here?

4 A. Yes, I see that there.

5 Q. And you believe that's important,
6 right, in this logic model for risk
7 reduction?

8 A. Yeah. So risk reduction,
9 resistance education and self-defense
10 programs are typically focused on individuals
11 who are apt to be a victim of sexual
12 violence, so these programs have been tested
13 specifically for women.

14 Q. Okay. And some of the key
15 components, you look to the left, are sharing
16 sexual assault information and that's
17 personally relevant expanded definitions of
18 sexual assault as well as risk factors.

19 Do you see that there in the key
20 components?

21 A. Yes, I see that, that's the top
22 box.

23 Q. Okay. And then discussing of
24 strategies for setting boundaries in risky
25 everyday situations.

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2 You see that there?

3 A. Yes, I see that.

4 Q. So it's all about raising awareness
5 and discussing this critical information,
6 right?

7 A. No, I would clarify the discussion
8 of strategies is typically through
9 self-defense. I'm a per diem self-defense
10 instructor and in our prevention programs, we
11 teach active, verbal and physical defense
12 strategies. So that discussion would also
13 include active practice and modeling.

14 Q. Sure. So it's awareness and
15 self-defense strategy. Understood.

16 Okay. And you believe that a
17 comprehensive approach requires that
18 prevention efforts to address violence before
19 it happens, that's important to do, right?

20 A. Can you repeat that question? I
21 was caught up because I think prevention for
22 me is -- doesn't stop at awareness. So the
23 key thing there was really the discussion of
24 strategies and boundary setting through
25 self-defense and active practice. So I was

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2 still thinking about that question when you
3 mentioned the next one. So if you could
4 repeat it, that would be great.

5 MS. LUHANA: Objection as
6 nonresponsive.

7 Q. I was focused on asking that a
8 comprehensive approach requires that
9 prevention efforts address violence before it
10 happens, correct? And I think you stated
11 such, if we scroll down this paper here.

12 A. Right. So that -- what you're
13 talking about a primary prevention. So you
14 would think back to early efforts to address
15 sexual assault, might have been focused on
16 providing victims with therapy. We think
17 about a public health approach. And as we
18 talked about the parable of the fisher and
19 the river, primary prevention would be
20 focusing efforts on taking steps to prevent
21 sexual assault before it happens.

22 Q. So it's not -- it's not about
23 therapy, it's doing everything beforehand and
24 raising that awareness to decrease sexual
25 assault, correct?

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2 A. No, I disagree.

3 MS. CARITIS: Form.

4 THE WITNESS: Sorry, Alex.

5 A. I disagree in the logic model, we
6 talk there about how increasing disclosure
7 and reporting would be a component of
8 prevention. We recognize that individuals
9 who complete a prevention program, whether
10 victims or potential perpetrators are apt to
11 either engage or experience the behavior
12 afterward because no prevention program is
13 currently 100 percent effective. And as a
14 result, encouraging help seeking afterwards
15 through a disclosure and reporting is a part
16 of logic model we just discussed.

17 Q. Yeah, it's a combination of
18 efforts. I wasn't saying it's mutually
19 exclusive. It's one part of a larger, as you
20 describe it, comprehensive approach, right?

21 A. Yes, there's a lot of things -- a
22 lot of things that can be done.

23 Q. And you believe that to prevent
24 sexual assault, risk must also be targeted,
25 right?

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2 A. What do you mean by that?

3 Q. I think you -- it's specifically in
4 the document, let's go to page 821. It's in
5 the second column there and it's the second
6 paragraph there, second -- yeah.

7 So do you see you say:

8 A comprehensive approach also
9 requires that prevention include efforts to
10 address violence before it happens, but also
11 target risk when it is evident and provide
12 after care to address incidents that occur on
13 campus.

14 Did I read that correctly, Doctor?

15 A. Yes, you read that correctly.

16 Q. And then you also go on to state
17 that:

18 A proactive comprehensive sexual
19 assault prevention approach includes
20 targeting norms, change on campus, distal
21 targets for change as well as providing
22 students with skills to recognize and respond
23 to risk for sexual violence for themselves as
24 well as their peers and, i.e., proximal
25 targets for change.

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2 Did I read that correctly?

3 A. Yes, you read that correctly. You
4 also left out that prevention approaches are
5 reactive rather than proactive.

6 Q. Sure, that's fine.

7 So you would agree with me that you
8 believe that to prevent sexual assault, risks
9 must also be targeted, correct?

10 A. So there's two things that I want
11 to clarify here. So there is something
12 called a targeted prevention strategy. Are
13 you talking about aligning prevention
14 programs with risk and protective factors,
15 like targeting risk, like let's address these
16 risks, or are you talking about targeted
17 selective prevention, 'cause that would be a
18 separate thing.

19 Q. The former, like evaluating
20 whatever the risk factors are and addressing
21 those.

22 A. Yes. So that's a part of the
23 public health approach, that's also what
24 we're talking about here that if you were
25 going to have programming, that you should

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2 follow logic models and logic models should
3 be based in awareness of those correlates.

4 Q. And so you read here too often --
5 you agree that too often prevention
6 approaches are reactive rather than
7 proactive, you would agree with that
8 statement, right?

9 A. Yeah. What I mean there is
10 sometimes, like, we'll -- programs will be
11 asked to be implemented on a college campus
12 after, you know, after something happens so,
13 you know, for example, we'll be asked to come
14 in and do a self-defense program after
15 there's been a hate crime in a community, and
16 I think preventionists would agree that these
17 kind of ongoing prevention efforts would be
18 preferred -- only preferred to a response
19 that is only after something that has
20 happened.

21 Q. Sure, I understand that. And then
22 you go on to say:

23 A proactive comprehensive sexual
24 assault prevention approach also includes,
25 like, giving students these skills as we went

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2 through to recognize and respond to risk for
3 sexual violence.

4 That's correct, right?

5 A. Yes. And so what we mean by the
6 recognize and respond, that's the AAA model
7 of self-defense. So we want to train women
8 in how to acknowledge, assess and react in
9 response.

10 Q. Fantastic, we'll get to the AAA
11 model.

12 So let's go to page 9 -- 819. And
13 so the first column, second paragraph there.
14 And I believe you state here that prevention
15 starts with accurate risk recognition. You
16 say in the center:

17 As we discuss in more detail below,
18 although the ideal ordering of program
19 components has yet to be empirically
20 evaluated, consistent with the social
21 ecological approach to prevention, we
22 recommend that programs that engage women and
23 men be administered first to address proximal
24 risk factors for sexual violence.

25 You agree with that, right?

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2 A. So here in this document, we were
3 trying to tackle this notion of what you
4 should do first, right, so kind of just want
5 to build that scaffold on what should they do
6 first. And ultimately our team thought that
7 some of the primary prevention programs that
8 are skill based might be most applicable
9 first.

10 Q. Right. And so you emphasize, like,
11 individuals need clear information about when
12 and where risks arise, correct?

13 A. That would be one component. So
14 the, you know, the -- generally the risk --
15 the AAA model --

16 Q. Doctor, I'll get to that. I
17 just -- that is one component. I don't want
18 to -- we have limited time and I just want to
19 move along here.

20 So I believe you said you agree
21 that that's one component is to share clear
22 information about when and where risk arise,
23 correct?

24 A. I just want to be clear that that's
25 for women and not for men. The --

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2 Q. Understood.

3 A. -- AAA model has never been applied
4 to men.

5 Q. Got it. I understand that. But I
6 just want to be clear that one component is
7 giving clear information about when and where
8 risk arise to women here.

9 A. Yes, that would be considered a
10 component of a prevention approach.

11 Q. And you'd agree that a program
12 can't prevent what it doesn't acknowledge,
13 right?

14 MS. CARITIS: Form.

15 A. That's interesting. Well, this is
16 actually fascinating. There are spillover
17 effects. So one of the programs we did for
18 men actually reduced their pornography use,
19 and we didn't talk about pornography use at
20 all. So our spillover effect, so that is a
21 really interesting statement. You know,
22 pragmatically I can see how that
23 generalization would be, you know, something
24 that would make sense. We do have research
25 evidence that there are often things that

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2 prevention programs in sexual assault address
3 that are not a component of the program.

4 Q. Sure, that's different. But I'm
5 saying, like, when risk information is
6 withheld, people can't accurately assess
7 risk, right?

8 MS. CARITIS: Form.

9 A. We're not -- I just -- we're not
10 using the highlighted anymore, right?

11 Q. I mean, we were because that was
12 the first to address proximal risk factors
13 for sexual violence, so that was the focus.

14 So Doctor, when risk information is
15 withheld, people can't accurately assess
16 risk, right?

17 MS. CARITIS: Form.

18 A. I mean, this is an interesting
19 question because (audio distortion).

20 THE COURT REPORTER: Doctor.

21 Q. You're cutting out, Doctor.

22 I mean, I'm going through -- this
23 is your publication and you're discussing
24 sharing risk factors to raise awareness to
25 prevent sexual assault and that being one

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2 component of it. However, if you withheld
3 that information, people then wouldn't be
4 accurately able to assess risk, right?

5 A. (Audio distortion.)

6 Q. Doctor, we can't hear you.

7 A. Sorry. I think you're confusing
8 the term proximal risk factor.

9 So risk factor, you could use that
10 term in, like, the characteristics of
11 situations that, quote, increase risk. But
12 proximal risk factors, we can look at the
13 tables in this report, proximal risk factors
14 also include things like attitudes, rape myth
15 acceptance, enhance to sexist belief. Like,
16 when we use the term "proximal risk factors"
17 in prevention research, we're not just
18 talking about the characteristics of
19 situations that increase risk, that is a
20 very -- kind of very targeted use of that
21 word in the AAA model. But this statement
22 here is much broader, there are many
23 proximal, quote, risk and protective factors.

24 Q. Sure.

25 A. So when we use that term, the best

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2 way to think about that is really in relation
3 to Andra Tharp's work where she documented
4 those kind of 67 different risk and
5 protective factors. Those are proximal risk
6 factors so. So when we think about that in
7 that list, I just want to be really clear
8 that we're not just talking about
9 characteristics of situations. In fact,
10 that's almost, like, a knowledge thing. Many
11 programs, both for women, men and bystanders
12 have a broad range of, quote, proximal risk
13 factors for engagement or experience of
14 sexual violence, things like your knowledge
15 of a self-defense skill.

16 So I want to be really clear that
17 we're talking about the same thing here.

18 Q. We're talking about the same thing,
19 but I'm just focused on the one component. I
20 understand there are additional components,
21 but you'd agree transparency about risk is
22 key in sexual violence protection?

23 MS. CARITIS: Form.

24 A. Yeah, I think it depends on how
25 you're using that word "risk." If you're

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2 transparent about the likelihood of sexual
3 assault, that's a very different term of,
4 like, how risky is this environment versus
5 when we're using proximal risk factors here,
6 we're talking about array of things
7 identified by Andra Tharp and colleagues in
8 that research study that are targeted in the
9 programs, including bystander programs,
10 programs for men and programs for women,
11 these are not just situations of assault
12 of risk --

13 (Cross-talk.)

14 Q. I'm focused about risk related to
15 sexual assault, which is what we've been
16 discussing here. And you would agree with
17 me, Doctor, that transparency about risk is
18 key in sexual assault prevention, it's one
19 component of it, correct?

20 MS. CARITIS: Form.

21 A. I continue to think we're talking
22 about two different things. I think proximal
23 risk factors, things like attitudes, beliefs
24 are a vital first step in prevention. As I
25 note here, not all prevention includes a

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2 discussion of, quote, risk factors for sexual
3 assault.

4 Q. Okay. But you don't think raising
5 awareness about certain risk factors and
6 risky situations is important to raise
7 awareness about preventing sexual assault?

8 A. There's some programs actually that
9 think that providing a discussion about risky
10 opportunities for sexual assaults could
11 actually increase harm if there's a potential
12 perpetrator in the audience. So it's a very
13 nuanced thing. I wouldn't feel comfortable
14 saying that all programs need to start with a
15 discussion of transparency of risk.

16 Q. So in your work, you describe the
17 assess, acknowledge, act model as effective
18 in lowering rates of sexual assault, correct?

19 A. That is based on the work of
20 Charlene Senn, it's about a 12-hour program,
21 it's currently being utilized in Canada,
22 across the United States, also currently
23 being deployed with the military NAS
24 Jacksonville. That is a program for women,
25 it includes active self-defense instruction,

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2 it's for college women specifically. We
3 don't have as robust data for high school
4 folks or for military yet.

5 Q. Doctor, I apologize, I wasn't
6 asking you to describe it. My question was
7 in your work you describe the assess,
8 acknowledge, act model, right? It's a yes or
9 no.

10 A. I'm aware of that model, yes.

11 Q. Okay. Let's turn to page 813 here.
12 And it's the second column. Second column.
13 Yeah, sorry. And if we go to -- scroll down
14 further, keep on -- I mean, it mentions on
15 top up there, sorry, it states there it's the
16 Enhanced Access, Acknowledge, Act program,
17 correct, Doctor? You see that there?

18 A. I see it, yes.

19 Q. Okay. And then if we scroll down,
20 this provides the details to the program and
21 it states:

22 Women who participated --

23 Scroll up a little bit, we missed
24 it, right there.

25 Women who participated in the EAAA

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2 program reported significantly lower rates of
3 sexual assault victimization compared to
4 women who received brochures on sexual
5 assault and an opportunity to ask questions.

6 Do you see that there?

7 A. I see that.

8 Q. Okay. So this model works only if
9 the environment provides cues that let women
10 assess the risk, right?

11 MS. CARITIS: Form.

12 A. I'm not sure I can answer that. I
13 don't think we have -- I don't think we can
14 make that conclusion based on the data that
15 we have.

16 Q. What are you assessing; what's the
17 first step of assessment, Doctor?

18 A. You asked me a question about how
19 we know the program works, we don't know --
20 we don't know. There are still women who
21 experience victimization after completing
22 this program, and we don't know the
23 particular contextual factors that made them
24 nonresponsive to the program and other people
25 responsive.

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2 So I would argue that we don't have
3 sufficient data to look at the mechanisms of
4 which component of this model are responsible
5 for its effectiveness. And even when
6 individuals show change on these factors,
7 including their ability to assess, their
8 ability to acknowledge and their self-defense
9 skills, they may still experience sexual
10 victimization.

11 MS. LUHANA: Objection as
12 nonresponsive, Doctor.

13 If we scroll down further here.
14 Is that the end of that? That
15 shouldn't be the end. Scroll up
16 further, sorry, it's still 813 we're
17 on.

18 Q. So this is a 12-hour program you
19 discuss, and then you go on to state that:

20 Women who participated in the EAAA
21 program reported significantly lower rates of
22 sexual assault victimization compared to
23 other women.

24 Right?

25 So you acknowledge that the program

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2 was effective, you'd agree with me?

3 A. Yes, this program showed decrease
4 in rates of violence.

5 Q. Okay. And then in addition, the
6 first step of the program is assessing a
7 situation as potentially risky.

8 Do you see that there?

9 A. Yes, I'm familiar with the program.

10 Q. So the first step of assessment is
11 assessing if the -- the assessment only works
12 if the environment provides cues that let
13 women assess the risk, wouldn't you agree?

14 MS. CARITIS: Form.

15 A. I'm not sure what you mean. I'm
16 highly experienced in this program and I'm
17 not sure that that's a part of the
18 curriculum.

19 Q. So what's the assessment portion of
20 the program? I believe it says it's to --
21 the women must first assess the situation as
22 potentially risky. Right, that's the first
23 step there?

24 A. That's one sentence to describe a
25 multiple hour program.

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2 Q. Doctor, it's a sentence you put in
3 in your publication, right, that one
4 sentence.

5 A. And I want to clarify that this is
6 a complex 12-hour long program with multiple
7 components that cannot be reduced to one
8 sentence of assessing scenarios. There's
9 internal valuations, like, and what factors
10 is it about myself that kind of, you know,
11 maybe I -- maybe I'm not fully present in a
12 situation, so we might want to assess
13 ourselves in a situation. You know, do I
14 tend to zone out? Am I not so mindful, for
15 example.

16 Q. Doctor, honestly --

17 MS. LUHANA: Object as
18 nonresponsive.

19 Q. Can you read that first -- that
20 sentence there as to what assessment is
21 defined by in your publication here? It
22 says:

23 Following Norris and colleagues'
24 research and psychological barriers to
25 resistance, they argued that, what does that

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2 say?

3 A. So this is a theoretical --

4 Q. Can you read that?

5 (Cross-talk.)

6 Q. I've asked you to read.

7 A. I will answer your question and I
8 will read.

9 Q. I'm asking you to read that
10 sentence, please.

11 A. Following Norris and colleagues'
12 research on psychological barriers to
13 resistance, they argued that women must first
14 assess a situation as potentially risky then
15 acknowledge that a rape is potentially
16 underway before being able to act effectively
17 to resist it.

18 Q. Thank you, Doctor.

19 So a women entering an Uber ride
20 has no chance to assess the risk if Uber
21 suppresses information, right?

22 MS. CARITIS: Form.

23 A. I disagree with that statement.
24 Individuals can assess environments for risk
25 any time.

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2 Q. Are you aware of Uber's knowledge
3 that certain factors make an Uber ride far
4 riskier to increase the risk of sexual
5 assault and that Uber hasn't disclosed those
6 risk factors to the public?

7 MS. CARITIS: Form.

8 A. I believe we've talked about places
9 in Valliere's report where she discusses
10 strategies that Uber has used to collect
11 data, we've talked about them today.

12 Q. That wasn't my question, Doctor.

13 MS. LUHANA: Candida, can you read
14 the question again?

15 (Referred to portion of the record
16 was read back by the court reporter.)

17 MS. CARITIS: Same objection.

18 A. This feels like it's two questions.
19 The first I answered is that I'm aware of the
20 sections of Valliere's report where she
21 discusses Uber's data collection efforts.
22 I'm also aware of statements that she makes
23 in the report where she claims that they have
24 not disclosed this to the public.

25 Q. Have you reviewed Uber documents

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2 that disclose the increased risk of assault
3 on Uber's platform that haven't been
4 disclosed to the public?

5 MS. CARITIS: Form.

6 A. Yeah, I can't speak as to which
7 specific documents have or have not been
8 disclosed.

9 Q. No. Have you reviewed, I said,
10 Uber documents that disclose the increased --
11 that discuss -- have you reviewed Uber
12 documents that discuss the increased risk of
13 sexual assault on its platform that have not
14 been disclosed to the public?

15 MS. CARITIS: Form.

16 A. So I'm not quite sure I can answer
17 that, I'm sorry.

18 Q. You'd agree that companies should
19 be transparent about the risk of its
20 products?

21 MS. CARITIS: Form.

22 A. I can't speculate on business
23 practices, that's not my expertise.

24 Q. Well, would you think it would be
25 good practice for a company to be -- do you

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2 think a company shouldn't be transparent
3 about the risk of its products?

4 MS. CARITIS: Form.

5 A. I'm a clinical psychologist with
6 expertise in sexual assault prevention, I
7 cannot speculate on business practices.

8 Q. So if a company --

9 A. Outside of my scope.

10 Q. So if a company knew about the
11 increased risk of sexual assault on its
12 platform, do you think as a psychologist with
13 expertise in sexual assault prevention that
14 that's something the company should disclose?

15 MS. CARITIS: Objection. Form.

16 A. Yeah, I don't have an opinion on
17 that.

18 Q. You'd agree that a company should
19 do everything it can to protect its customers
20 from being sexually assaulted?

21 MS. CARITIS: Form.

22 A. That's a complex question. I don't
23 have an opinion at this time.

24 Q. Okay. Doctor, in this publication
25 here, you highlight the Ohio University

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2 program as a good example of sexual assault
3 risk reduction, right?

4 A. Could we go to where that's
5 located?

6 Q. Page 813. Do you remember doing
7 so, highlighting it as a good example?

8 (Cross-talk.)

9 A. It's been a while -- it's been a
10 while since I read this report, but I
11 wouldn't be surprised. Chris Gidycz was one
12 of the researchers in this area and developed
13 the Ohio University program and has also done
14 work with men as well. So her work is
15 commonly cited, so I wouldn't be surprised if
16 we cited it here.

17 Q. Okay. It's the first column to the
18 left bottom, right there.

19 Do you see:

20 The Ohio University Sexual Assault
21 Risk Reduction Program is a good example of
22 this evolution.

23 Do you see that there?

24 A. Yeah, I see that.

25 Q. And can you read the starting with

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2 Early iterations?

3 A. Early iterations of the program
4 were brief, didactic programs that attempted
5 to impress upon participants the seriousness
6 and personal relevance of sexual assault,
7 challenge rape myths, identify risky
8 situations, target behaviors, i.e., such as
9 alcohol consumption, isolation of the
10 incident site, non-assertive behavior and
11 ineffective sexual communication.

12 Q. So Doctor, the Ohio University
13 program shared detailed data with
14 participants identified risky situations and
15 target behaviors about alcohol and isolation
16 of location as risk factors, right?

17 MS. CARITIS: Form.

18 A. No, I disagree with that assertion.
19 I'm highly familiar with this program. In
20 fact, I studied it for my Master's thesis as
21 well as dissertation. So there is no highly
22 detailed data on risk factors included here.

23 Q. Okay. But do you see that you've
24 stated here that what was shared with
25 participants was to identify risky

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2 situations, that's what you wrote there,

3 right?

4 MS. CARITIS: Form.

5 A. Yes, and your question was about

6 data.

7 Q. Okay. So that was participants --

8 what was shared with participants was to

9 identify risky situations and also target

10 behaviors about alcohol consumption and

11 isolation of instant site, correct?

12 MS. CARITIS: Objection. Form.

13 A. So these are components that are

14 discussed in the program.

15 Q. Okay. Yeah, so that transparency

16 at the participant level telling -- was about

17 telling women about some patterns of risk,

18 right?

19 A. These are -- these are findings

20 specific to colleges that are shared with

21 folks.

22 Q. So if Uber, Doctor, has data

23 showing elevated assault risk -- the elevated

24 risk of assault, sexual assault under certain

25 circumstances, for example, late night hours,

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2 intoxication or repeated driver complaints,
3 disclosing those risk factors would serve the
4 same preventive function, wouldn't you agree?

5 MS. CARITIS: Form.

6 A. I'm not sure actually (audio
7 distortion).

8 THE COURT REPORTER: Doctor, your
9 audio was distorted again.

10 A. Okay. I'm not sure. My task was
11 to evaluate the Valliere report and not to
12 design a prevention program.

13 Q. I'm not saying that you were --
14 your task was to design a prevention program.
15 I'm just asking you if Uber has data showing
16 elevated risk of sexual assault, disclosing
17 that would serve a preventive function,
18 right, in reducing the risks or preventing
19 sexual assault?

20 A. Without -- without data, I don't
21 know whether or not it would.

22 Q. Well, did you -- did you look at
23 data in terms of the increased risk factors
24 of certain scenarios including the increased
25 risk of sexual assaults in Ubers late at

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2 night?

3 A. I've seen in Valliere's report
4 where she notes that there was increased risk
5 of assault late at night. I've seen that,
6 yes.

7 Q. Well, no. Have you looked at Uber
8 documents and studies which have confidence
9 intervals and found statistically significant
10 increased risk of sexual assault late at
11 night in an Uber?

12 MS. CARITIS: Form.

13 A. So I'll make two points here:
14 First, they should have confidence intervals
15 is just knowing that something is at
16 increased risk, it doesn't state that it's
17 certain to occur. And something that's
18 statistically significant just means that
19 there's an association that is unlikely via
20 inferential statistics to have occurred by
21 chance. There's also a high risk of --

22 (Cross-talk.)

23 Q. Doctor, I really have to -- Doctor.
24 Doctor, that wasn't my question. Please.

25 MS. LUHANA: Object as

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2 nonresponsive.

3 Q. Have you looked at Uber documents
4 and studies which have confidence intervals
5 and have found statistically significant
6 increased risk of sexual assault late at
7 night in an Uber?

8 MS. CARITIS: Form.

9 A. So my job was to respond to
10 Valliere's report. I'm aware that she cites
11 Uber documents that refers to Uber's
12 prevention strategies. I maintain my
13 professional opinion that the data I have
14 reviewed does not suggest that there is a
15 strategy that we are aware of in the
16 scientific literature that could be effective
17 in preventing every assault.

18 MS. LUHANA: Object as
19 nonresponsive.

20 Q. My question is just, did you look
21 at those Uber documents? Sitting here today,
22 did you look at Uber documents that provided
23 statistically significant increased risk of
24 sexual assaults in Ubers late at night?

25 MS. CARITIS: Form.

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2 A. Which Uber document that reported a
3 statistically significant increase, I can't
4 tell you, but I have looked at Uber documents
5 that report on the prevention measures and
6 data.

7 Q. Do you recall when those documents
8 were dated?

9 A. No, I don't.

10 Q. Do you recall who drafted those
11 documents?

12 A. No, I don't.

13 Q. Do you recall what the increased
14 risk of sexual assault was on the platform
15 late at night?

16 A. No, I don't recall. I didn't see
17 any evidence that would convince me based on
18 my scientific opinion that Uber had data it
19 would suggest it could reliably prevent
20 sexual assault.

21 MS. LUHANA: Move to strike
22 everything as nonresponsive after "no,
23 I don't recall."

24 MS. CARITIS: Sorry. Just really
25 quick, just so I don't -- what was the

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2 page that you guys were -- just had up
3 on the screen?

4 MS. LUHANA: 812.

5 MS. CARITIS: Thank you.

6 Q. Doctor, do you recall what that
7 study was based on?

8 A. Which study are we referring to?

9 Q. The one that showed -- I mean,
10 there's several, however, the one study I was
11 referencing about the statistically
12 significant increased risk of sexual assault
13 late at night in an Uber, do you know what
14 data that study was collecting and relying
15 on?

16 A. No, I'm sorry. I can't recall that
17 right now.

18 Q. Do you know what any of the studies
19 are relying on when they're calculating any
20 Uber documents, and there are several that
21 are referenced in Dr. Valliere's report, what
22 are they relying on -- what are the source
23 documents they're relying on to do the
24 analysis to find the increased risk of sexual
25 assault on the Uber platform in certain

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2 circumstances, for example, like late at
3 night?

4 A. I'm aware that Uber had several
5 ongoing initiatives to try to understand the
6 characteristics of rides, so the time of the
7 ride, location of the ride, characteristics
8 of the driver, for example, star ratings.

9 Q. Right. But -- no, no. My question
10 is what are the source documents that they're
11 relying on for all these studies, Doctor;
12 what is that?

13 MS. CARITIS: Form.

14 A. I'm sorry, I can't provide you with
15 an answer.

16 Q. You don't recall sitting here today
17 what all these studies are evaluating --
18 strike that.

19 Sitting here today, you don't know
20 the source that Uber is using to find that
21 Uber Rides are statistically significantly --
22 statistically significantly increase the risk
23 of sexual assault in an Uber late at night?

24 MS. CARITIS: Form.

25 A. In the documents that I reviewed, I

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2 did not see evidence that there was a
3 reliable strategy to prevent sexual assault.

4 MS. LUHANA: Object as
5 nonresponsive.

6 Q. My question is about the source.
7 Like, how is Uber calculating these rates of
8 increased risk of sexual assault on the
9 platform and what are they using for it?

10 So in your review of these
11 documents, can you please provide me with the
12 sources?

13 MS. CARITIS: Form.

14 A. You're asking me to cite a specific
15 document, I'm not able to do that right now.

16 Q. Oh, no, it's not a specific
17 document, it's the data that they're relying
18 on, where is the data coming from, to your
19 knowledge? And all these studies actually
20 reference the underlying data that they're
21 using to calculate the increased risk of
22 sexual assault. So I'm asking you, do you
23 know what the source is of that information?

24 MS. CARITIS: Form.

25 A. If this is just a general question

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2 that Uber has access to the data of where
3 rides are picked up, that what ratings there
4 are, Uber has internal data about the use of
5 their platform. Is that what you're looking
6 for?

7 Q. No. I'm looking -- it's a specific
8 source that they're utilizing to calculate
9 the increased risk of sexual assault, and I
10 want to know where you -- if you know where
11 it came from?

12 MS. CARITIS: Form.

13 A. I'm sorry, I don't know how to
14 answer.

15 Q. Are you aware if Uber informs women
16 of an increased risk of sexual assault in
17 Ubers late at night?

18 MS. CARITIS: Form.

19 A. No, I'm not aware specifically.

20 Q. Are you aware if Uber informs women
21 of an increased risk of sexual assaults in
22 Ubers while intoxicated?

23 MS. CARITIS: Form.

24 A. No, I'm not aware specifically.

25 Q. Are you aware if Uber informs women

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2 that a driver may have prior reports of
3 sexual misconduct or sexual assault against
4 him?

5 MS. CARITIS: Form.

6 A. No, I'm not aware.

7 Q. Are you aware if Uber disclosed the
8 actual number of sexual misconduct and sexual
9 assault reports it's received to its
10 consumers?

11 MS. CARITIS: Form.

12 A. This is a point noted in Valliere's
13 report that I also discuss in my report as
14 well. Her contention is that she raises the
15 belief that she believes that Uber is, quote,
16 hiding something because other forms of
17 sexual assault that aren't restricted to the
18 five named aren't included in the safety
19 report. And this is something I talk about
20 in my report that the types of assaults that
21 are discussed in that safety report and
22 include that five align with well-documented
23 forms of sexual assault that are also noted
24 in other forms of research.

25 So I'm aware of this issue that

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2 Valliere raises.

3 MS. LUHANA: Object as

4 nonresponsive.

5 Q. My question was just, are you aware

6 if Uber has disclosed the actual number of

7 sexual misconduct and sexual assault it's

8 received to its consumers?

9 MS. CARITIS: Objection. Form.

10 A. Yeah, I'm not quite sure how to

11 answer this.

12 Q. Either you're aware or you're not.

13 MS. CARITIS: I think, like --

14 well, form.

15 A. Yeah, I've said what I've learned

16 on Valliere's report. And I also cite what I

17 know from reviewing those documents that I'm

18 aware of -- I'm aware of what is disclosed in

19 Valliere's report and also what has been

20 discussed in the source documents.

21 Q. Doctor, if Uber believes one of its

22 riders is at risk for being sexually

23 assaulted, do you believe Uber should notify

24 the rider?

25 MS. CARITIS: Form. Scope.

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2 A. I don't have enough -- I don't have
3 an opinion to raise on that.

4 Q. You don't believe Uber -- if Uber
5 believes one of its riders is at risk of
6 being sexually assaulted, Uber should inform
7 the rider?

8 MS. CARITIS: Form.

9 A. I don't have an opinion on that.

10 Q. Would you agree that a company
11 should -- Uber should use safety features
12 that actually work to prevent sexual assault?

13 MS. CARITIS: Form.

14 A. I wish there were safety features
15 that worked to prevent sexual assault. I've
16 reviewed Uber's use of safety features and
17 these are many of the other kinds of safety
18 features that researchers are also deploying
19 in apps, such as uSafeUS, which include
20 reporting features. It would be great to be
21 living in a world where we knew more about
22 what worked.

23 Q. Doctor, if Uber had safety features
24 that actually worked to prevent sexual
25 assault, if they did, do you believe they

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2 should use them?

3 MS. CARITIS: Form.

4 A. I'm not aware of any strategy right
5 now that is effective in preventing all
6 sexual assaults, but if there was research
7 evidence that was documented across several
8 studies that this works, it would be great to
9 implement those strategies in all sectors of
10 society, so not just Uber. But when we start
11 developing programs that work, as a
12 prevention scientist, I want the field to
13 move forward.

14 MS. LUHANA: Okay. I think now is
15 a good time for a break.

16 THE VIDEOGRAPHER: All right. The
17 time is 22:16 UTC time and we are off
18 the record.

19 (Off the record.)

20 THE VIDEOGRAPHER: The time is
21 22:28 UTC time and we're back on the
22 record.

23 BY MS. LUHANA:

24 Q. Doctor, do you use Uber?

25 A. I have, yes.

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2 Q. How often?

3 A. Depends on when I travel. Few
4 times a year for conferences.

5 Q. And are you ever traveling late,
6 alone at night when you're taking those
7 Ubers?

8 A. Yeah.

9 Q. Have you ever been intoxicated
10 while taking an Uber alone?

11 A. I can't think of a time, no. I
12 also generally don't drink, so that could be
13 important to know.

14 Q. Doctor, do you use Lyft?

15 A. I think I've tried them once. Not
16 regularly though, no.

17 Q. Has your use of Uber changed any
18 since you've gotten involved in this
19 litigation about a month ago?

20 A. No.

21 Q. And do you allow your 14-year old
22 to use Uber?

23 A. He doesn't have a phone. And also,
24 I drive him everywhere, so he wouldn't have
25 an occasion.

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2 Q. Okay. Do you use public
3 transportation, Doctor?

4 A. From time to time, yes.

5 Q. How often?

6 A. So Amtrak. Sometimes if, you know,
7 it's cheaper to take a bus or a subway from
8 the airport to the hotel, do that, but only
9 when I -- only when I travel. I live in the
10 suburbs, so I have -- tend to drive most
11 places.

12 Q. Okay. Have you ever gotten a
13 notification while you've been alone at night
14 in taking an Uber that there was an increased
15 risk of assault when you were in the vehicle?

16 A. No, not that I recall, no.

17 Q. Have you ever received an alert or
18 any information about your driver's prior --
19 let me scratch that.

20 Have you ever gotten a notification
21 in an Uber that the driver that you've been
22 matched with had prior reports of sexual
23 misconduct or sexual assault?

24 A. Not that I'm aware of.

25 Q. Is that -- would that be important

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2 information for you when you're getting into
3 a car with an Uber driver?

4 MS. CARITIS: Form.

5 A. It's hard to speculate how I would
6 react. I've never been in that kind of
7 situation before.

8 Q. But I'm saying, so say Uber had
9 matched you with a driver who had prior
10 reports of sexual assault or misconduct, is
11 there -- is that information you would want
12 to know if you're getting in that Uber late
13 at night alone by yourself?

14 MS. CARITIS: Form.

15 A. It's an interesting professional
16 question to noodle on in terms of what I know
17 about prior offenses, not necessarily
18 predicting future offenses. So I'm actually
19 not sure. I haven't thought about it and I
20 didn't consider that for this report.

21 Q. So I'm asking you, if your prior
22 driver let's say had a report of sexual
23 misconduct of grabbing another passenger's
24 breasts during an Uber ride and then
25 thereafter you were matched with that same

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2 driver who continued to be on the platform
3 and you were in that Uber ride alone at night
4 by yourself, is that something you'd want to
5 know about that driver?

6 MS. CARITIS: Form. Scope.

7 A. (Audio distortion.)

8 THE COURT REPORTER: I'm sorry?

9 THE WITNESS: I'm sorry.

10 A. I haven't thought about that
11 before. It would be a really -- it would
12 be -- yeah, I need some time to think about
13 how I'd respond. It's an interesting
14 personal question.

15 Q. It's not a personal question. In
16 fact, you know, Dr. Valliere talks about
17 deactivation policies, and specifically
18 drivers continuing to be on the platform who
19 had prior reports of sexual misconduct and
20 assault.

21 And so my question to you is, is
22 that information that would be important for
23 you to know when Uber is matching you with a
24 driver where you're getting in a car late at
25 night alone by yourself?

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2 MS. CARITIS: Objection. Form.

3 Scope.

4 A. It sounds like when you said "you"
5 in the question, I took it to mean a personal
6 question, rather than one based on my
7 evaluation of the Valliere report. So when I
8 reviewed the report, I didn't consider kind
9 of my own personal reaction to whether I
10 would personally want to have that
11 information, so I'm not prepared to respond
12 to that right now.

13 Q. Well, no, I want you to answer it
14 personally 'cause we're talking about your
15 personal Uber use, and that's some of the
16 things that we've asked for in your
17 Deposition Notice, right? And so this goes
18 directly into your use of Uber and whether it
19 would be important information for you to
20 have that a driver that you've been matched
21 with had prior reports of sexual misconduct,
22 like grabbing a woman's breasts in a prior
23 ride and that driver being sent to you?

24 MS. CARITIS: Objection.

25 Q. Would you want to know that

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2 information about that driver?

3 MS. CARITIS: Objection. Form.

4 Scope.

5 A. It's an interesting question and

6 I'm not prepared to respond.

7 Q. So you can't answer the question

8 about if that's important information for you

9 to know?

10 A. It raises a lot of questions for

11 me. You know, I devoted my career to sexual

12 assault prevention. I know the research

13 suggests that a prior history of offending

14 doesn't necessarily mean that someone would.

15 So I think I would be -- I would really be

16 considering it. So like right now this is a

17 first time I've heard this question, it

18 wasn't something that I considered in the

19 Valliere report, so I need to think about it.

20 Q. Can you think about it?

21 A. I teach self-defense for a living,

22 so there's a lot of personal factors. I

23 think unrelated to Uber's business practices

24 that I'm thinking about, if you want me to

25 answer a personal question, and my response

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2 really is, I don't feel prepared to give you
3 a solid answer.

4 Q. So you don't think that prior
5 reports of a driver of sexual assault and
6 sexual misconduct that you've been sent --
7 scratch that.

8 Doctor, you don't think it's
9 important information for you to know if a
10 driver that you've been matched with by Uber
11 had prior reports of sexual misconduct or
12 sexual assault?

13 MS. CARITIS: Objection. Form.

14 Asked and answered.

15 A. Yeah, I can't speculate how I'd
16 respond in that circumstance.

17 Q. Doctor, I asked you earlier --
18 Doctor, I asked you earlier if Uber had
19 safety features that actually worked to
20 prevent sexual assault, do you believe they
21 should use them and your response was, you're
22 not aware of any strategy right now that's
23 effective in preventing all sexual assaults.

24 So my question isn't focused on all
25 sexual assaults, the goal is to prevent as

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2 much sexual assault as you can. And in your
3 publications and otherwise, we've discussed
4 taking a comprehensive strategy to prevent
5 sexual assault.

6 And so if Uber had safety features
7 that actually worked to prevent some level of
8 sexual assault, do you believe they should
9 use them?

10 MS. CARITIS: Form.

11 A. So the question is, if there's
12 something that is a failsafe solution to
13 prevent sexual assault, it should be used?

14 Q. Doctor, that -- why does it have to
15 be failsafe? I mean, if you're not
16 preventing a hundred percent of the assaults,
17 but you're preventing 50 percent of that, why
18 wouldn't you use those preventive measures to
19 prevent sexual assault if that was possible?

20 A. This is a question for the field,
21 right? So what constitutes effectiveness,
22 right? So the question is, you know, if
23 anything might work, should we use it? You
24 know, what if we -- what if that approach
25 also causes harm? What if there's unintended

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2 consequences? So to my -- my evaluation of
3 the research is that we don't have a strategy
4 that is effective in long-term prevention of
5 rates of sexual assault. Particularly when
6 we're talking about prevention of
7 perpetration behavior, which is really what
8 we're focused on in this report today --

9 Sorry, I lost my train of thought.
10 I'll stop there.

11 Q. So once again, I'm not asking for a
12 failsafe measure. I'm just stating if Uber
13 knows that women are being sexually assaulted
14 and has tools to reduce that sexual assault,
15 do you believe it should wait for a journal
16 article to be published before doing
17 something?

18 MS. CARITIS: Form. Asked and
19 answered.

20 A. Yeah, I would disagree that Uber
21 has knowledge that there are effective
22 strategies that they could use to prevent
23 sexual assault.

24 Q. You didn't find that in any of the
25 documents, the Uber documents that you may

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2 have reviewed?

3 A. I'm aware of correlates that have
4 been identified, but as I note in my report,
5 identification of a correlate does not mean
6 this is able to predict who or who wouldn't
7 engage in sexual violence.

8 Q. Did you haven't -- you didn't --
9 you don't recall coming across any studies
10 that -- where Uber found effective measures
11 to reduce sexual assault?

12 MS. CARITIS: Form.

13 A. Yeah, in my review of the science
14 and my scientific expertise, I do not believe
15 we have a strategy out there that is
16 effective in reducing rates of sexual
17 assault.

18 MS. LUHANA: Object as
19 nonresponsive.

20 Q. Doctor, I'm asking you, you didn't
21 come across any studies where Uber found
22 effective measures to reduce sexual assault?

23 MS. CARITIS: Form.

24 A. There is nothing that I reviewed in
25 Valliere's report or the documents provided

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2 to me that would suggest that Uber is aware
3 of a strategy that they could be taking to
4 prevent sexual assault.

5 Q. So do you recall seeing a Sunny
6 Jeon study from 2017?

7 A. At this moment, no, I can't recall
8 what that study is referencing.

9 Q. Doctor, do you recall reviewing any
10 S-RAD documents?

11 A. I'm aware of S-RAD as one of the
12 several components that Uber's been looking
13 into in order to identify correlates of
14 sexual violence, yes.

15 Q. Doctor, do you know now what S-RAD
16 stands for?

17 A. No, sorry, I still don't remember
18 the abbreviation.

19 MS. LUHANA: Okay. I don't have
20 any further questions at this time.

21 MS. CARITIS: If it's okay with
22 you, Candida, I'll probably go ahead
23 for my short redirect so we can all
24 get out of here.

25 THE COURT REPORTER: Of course.

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2 EXAMINATION BY

3 MS. CARITIS:

4 Q. Good afternoon, now evening,
5 Dr. Orchowski. My name is Alex Caritis.
6 We've met before, right?

7 A. Yes.

8 Q. And you understand that I represent
9 the Uber defendant in this case?

10 A. Yes.

11 Q. I just have a few questions for
12 you.

13 MS. CARITIS: If we could start --
14 and I'm so sorry, Lance, if I could
15 bother you to put up Exhibit 6 that
16 was previously entered by plaintiff's
17 counsel.

18 Q. And Doctor, this is the paper that
19 you discussed with Ms. Luhana a moment ago.
20 You are an author in this report. Do you
21 recall discussing a portion of this paper
22 with plaintiff's counsel a moment ago?

23 A. Yes, I recall.

24 Q. Okay. And I'm gonna direct you to
25 page 813, it is a portion of the document

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2 that you discussed with plaintiff's counsel
3 specifically concerning a program at the Ohio
4 State University. And --

5 MS. CARITIS: Thank you, Lance.

6 My eyes are awful.

7 Q. And you were discussing this --
8 this section right here, the Ohio -- excuse
9 me, the Ohio University Sexual Assault Risk
10 Reduction Program. And the article writes
11 it's a good example of this evolution.

12 So what is this section talking
13 about? You discussed the early program with
14 Ms. Luhana, what did this study actually find
15 about the early iterations of the Ohio
16 University program?

17 MS. LUHANA: Object to form.

18 A. So this is an interesting study
19 because the prevention program itself was
20 really focused on didactic information, so
21 really that kind of -- if we're thinking
22 about the assess, acknowledge and act model,
23 it provided information to folks. But the
24 preventive overall was generally not
25 effective, so it was clear based on the data

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2 that it had to expand.

3 This program was also published
4 before the Norris article which really gave
5 the feel, the sense that it's not just
6 knowing the risk factors. Knowledge enough,
7 not sufficient. It's the acknowledge, right?
8 It's, how do I talk myself out of this,
9 right? If I know this is risky, they say,
10 oh, no, it must be fine. Really that
11 acknowledge step of the psychological
12 barriers to resistance.

13 So after the Hanson & Gidycz study
14 didn't have great outcomes, then this program
15 was iterated to include the Norris studies of
16 really recognizing that awareness alone is
17 not sufficient. So it would then progress to
18 including more active practice in
19 self-defense, going from just a few hours to
20 going to multiple sessions and really having
21 much more active practice that moved beyond
22 session situations.

23 Q. So to be clear, did the early
24 iteration of the program that includes the
25 identifying of risky situation, did the

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2 research find that that aspect, this early
3 program, was effective?

4 MS. LUHANA: Object to form.

5 A. No. So I would say this early
6 program was not effective.

7 Q. You talked also a little bit about
8 a program that you did find was effective and
9 I believe you called it the EAAA program.
10 Could you just provide the jury, if possible,
11 a two to three sentence summary of what the
12 EAAA program entailed?

13 A. Yeah. So Charlene's program is a
14 four-session program that has modules on
15 assessing risk, acknowledging risk, which is
16 really the psychological barriers to
17 resistance. It's not just didactically
18 knowing what the risk factors are, that would
19 be insufficient, but it's really processing
20 through psychological barriers. In other
21 words, how have you potentially been
22 socialized to respond in these situations.
23 So that's the second one.

24 And then the next one is a Wen-Do
25 self-defense course, it's a feminist

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2 empowerment self-defense course that is
3 taught specifically by Wen-Do trainers,
4 includes verbal assertiveness, boundary
5 setting, and specific physical self-defense
6 skills.

7 Now the fourth session is really
8 fascinating, it is a sexual health course.
9 So it is modeled off of like a college based
10 sexual health course, right? So it covers
11 things like STI risk, HIV risk, but really
12 talks about kind of how to -- how to handle
13 sexual boundary settings, how to know what
14 you want, how to know what you don't want.
15 So it really is about sexual communication.
16 So that's the E part, and it kind of brings
17 in that sexual health curriculum to it.

18 Q. In the EAAA program, who was the
19 target audience?

20 A. This program was designed for
21 college women.

22 Q. Okay. I'd like to now -- we can
23 take this paper down. And I want to now talk
24 to you a little bit about sections of your
25 report that you discussed with plaintiffs'

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2 counsel, and your report was marked as
3 Exhibit 1.

4 MS. CARITIS: And Lance, if I
5 could trouble you to please pop that
6 up on the screen for us.

7 Q. Do you recall plaintiffs' counsel
8 talking to you and suggesting that you did
9 not cite to Dr. Valliere's report in this
10 rebuttal report?

11 A. Yes, I recall that.

12 MS. CARITIS: Okay. Could we turn
13 to page 4, please, Lance?

14 Q. Okay. At the bottom on the first
15 sentence of Scientific Limitations of
16 Predictive Screening, do you quote
17 Dr. Valliere's report in this section?

18 (Cross-talk.)

19 MS. LUHANA: Objection to form.

20 THE COURT REPORTER: Repeat the
21 answer, please.

22 A. Yes, that's a quote. That's a
23 quote to Dr. Valliere's report.

24 Q. Okay. Could we turn to page 9 of
25 your report, please?

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2 In your second section, it's called
3 Prevention Standards in Taxis and Rideshares.
4 In the first intro section of this report, do
5 you quote to Dr. Valliere's report at all?

6 A. Yes, this is a quote of her report
7 right there on the first sentence.

8 Q. Okay. If we could go to page 11,
9 please, of the report, your next section,
10 your third section. This one, I see the last
11 sentence of this report, I see the word in
12 bold "offenders."

13 Do you recall where that quote
14 comes from?

15 A. Yes, that is a quote from the
16 report as well.

17 Q. Okay. And we have two more
18 sections in your report, I just want to
19 confirm whether or not you were referring to
20 Dr. Valliere there too.

21 MS. CARITIS: Page 12, please.

22 Thank you Lance.

23 Q. Page 12 middle of the page right
24 after a cite to Sniffen, 2018, do you quote
25 or cite Dr. Valliere's report in this section

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2 we're looking at here?

3 A. Yes, there are quotes in the report
4 there as well.

5 Q. Okay. Now let's look at the last
6 section, Valliere Overstates Organizational
7 Causation and Constructed Opportunity.

8 Do you cite to Dr. Valliere's
9 report in this section?

10 A. Yes, the citation there of
11 construction by Uber.

12 Q. Okay. And Dr. Orchowski, we just
13 walked through the various sections of your
14 report and the references to Dr. Valliere's
15 report. Just to be very clear, does your
16 rebuttal report address every single opinion
17 or sentence in Dr. Valliere's report?

18 MS. LUHANA: Objection to form.

19 A. No, my report is very targeted and
20 specific to my expertise in sexual assault
21 prevention. There are aspects of her report
22 I also don't comment on in my report.

23 Q. And if you don't comment on those
24 sections, is that necessarily because you
25 agree with them or because you didn't feel

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2 qualified to speak to them?

3 A. Those sections were outside of the
4 scope.

5 Q. Counsel for plaintiff also asked
6 you a lot of questions about why you didn't
7 cite Uber documents in your rebuttal report.

8 Do you recall those discussions?

9 A. Yes, I recall.

10 Q. Okay. Plaintiffs' counsel also
11 noted that Dr. Valliere cites many, many Uber
12 documents in her report.

13 Do you recall discussing that with
14 counsel?

15 A. Yes, I recall.

16 Q. Okay. First question on this
17 point, Doctor, were you provided access to
18 all of the documents that Dr. Valliere cited
19 in the portions of her report that you were
20 rebutting?

21 A. Yes.

22 MS. LUHANA: Objection to form.

23 Q. Did you review every single
24 document cover to cover cited on
25 Dr. Valliere's reliance list?

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2 A. No.

3 Q. Why not?

4 A. I really focused on the material
5 that was most relevant to the opinions I was
6 forming about the report.

7 Q. Okay. Plaintiffs' counsel pointed
8 you to a few specific places in
9 Dr. Valliere's report where she cites Uber
10 documents. And I'd like to take a quick look
11 at that.

12 MS. CARITIS: Lance, if I could
13 trouble to you to please put up
14 Exhibit 4, which was previously
15 marked, it's Dr. Valliere's report.

16 Q. And if we could please go to
17 page 39, this is section of the report that
18 we discussed earlier in the deposition.

19 And do you recall, Dr. Orchowski,
20 talking about this second paragraph,
21 particularly the portion where Valerie
22 writes:

23 Uber has acknowledged that if
24 safety incidents are predictable, they are
25 preventable.

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2 Do you recall talking about that
3 particular quote that appeared in an Uber
4 document?

5 A. I recall this discussion.

6 Q. Okay. Doctor, how many years have
7 you been working in sexual assault
8 prevention?

9 A. Since 2003, so over 20 years.

10 Q. Okay. And in your 20 years of
11 experience, have you identified any program
12 that is able to effectively prevent sexual
13 assault or sexual misconduct?

14 MS. LUHANA: Objection to form.

15 A. No, in terms of work, I would not
16 say we have an effective solution for
17 preventing sexual assault.

18 Q. Okay. And in evaluating
19 Dr. Valliere's proposed prevention measures,
20 do you think it's appropriate for her to rely
21 on internal Uber documents like this instead
22 of peer-reviewed literature?

23 MS. CARITIS: Object to form.

24 A. The concerns that I have with
25 Valliere's report is the lack of reference to

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2 scientific literature. I'm a scientist and
3 the methods of science of evaluating
4 hypotheses and showing data either in support
5 or not in support of a research question and
6 a hypothesis is really central to the method
7 that I use for knowledge generation. It's,
8 you know, part of -- part of our Ph.D. in
9 psychology is using science to generate
10 knowledge. So while I don't object to anyone
11 using these documents, I think they're just
12 one document that would be better
13 supplemented also by referencing scientific
14 literature.

15 Q. Okay. Counsel showed you the
16 source document for this quote, if safety
17 incidents are predictable, they are
18 preventable. And I believe it was marked as
19 Exhibit 5. Do you recall looking at that
20 source document from Uber that is quoted in
21 Dr. Valliere's report?

22 A. I do, I recall.

23 Q. Okay. Does seeing that -- did
24 seeing that document and hearing Uber write,
25 if safety incidents are predictable, they are

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2 preventable, change your opinion that there
3 are, in fact, effective measures to prevent
4 sexual assault?

5 MS. LUHANA: Object to form.

6 A. That doesn't change my opinion.

7 Q. Why not?

8 A. So this generalization if safety
9 incidents are predictable then they are
10 preventable, this assumes that we can predict
11 with 100 percent accuracy, which is not
12 reflective in any of the sources that were
13 provided to me. I am not aware of any
14 predictive model that is 100 percent
15 accurate. And with the low base rate event,
16 such as this, a model even with a small
17 variation in predictive value is likely to
18 cause a lot of error in its predictions. So
19 I disagree with the statement that we have a
20 solution to prevent violence.

21 Q. Plaintiffs' counsel also talked to
22 you about a typo --

23 MS. CARITIS: We can take that
24 down, Lance. Thank you so much.

25 Q. Talked you about a typo on page 12

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2 of your expert report. Do you recall

3 discussing that typo?

4 A. I do.

5 Q. Okay. Doctor, to be very clear,

6 who wrote your expert rebuttal report that

7 we're talking about today?

8 A. I wrote the report.

9 Q. Okay. Do you have any idea how

10 that typo appeared in the body of the report?

11 A. I gave counsel a Word copy of my

12 report, and my guess, although speculative,

13 is that it came in there when it was PDF, but

14 I'm not entirely sure.

15 MS. CARITIS: Thank you. I have

16 no further questions at this time.

17 MS. LUHANA: I have a few

18 questions.

19 FURTHER EXAMINATION BY

20 MS. LUHANA:

21 Q. Doctor, defense counsel just walked

22 you through some quotes that you had to

23 Dr. Valliere's report in your rebuttal

24 report, however there were no pin cites to

25 Dr. Valliere's report in your report,

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2 correct?

3 A. That's correct, I don't include
4 page numbers.

5 Q. Any references to page numbers from
6 her report that you're citing, right?

7 A. That's correct.

8 MS. CARITIS: Form.

9 Q. And let's go to Exhibit 6. Just
10 talked about the Ohio University Sexual
11 Assault Risk Reduction Program, right? Do
12 you recall that?

13 A. Yes, I do.

14 Q. Okay. Let's go to that same page,
15 813. So right here, as we've gone through,
16 we previously discussed Ohio University
17 Sexual Assault Risk Reduction Program, right,
18 and you mentioned that it was a good example,
19 correct?

20 MS. CARITIS: Form.

21 A. It's a good example of how sexual
22 assault risk reduction programs for women
23 have evolved over time to become more
24 effective.

25 Q. And if we scroll now to the second

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2 column, up top, you continue to talk about
3 the Ohio State program. And then you say:

4 Although the findings are somewhat
5 equivocal, recent iterations of this program
6 reduced rates of sexual victimization for
7 some groups of women over follow-up periods
8 ranging from two to seven months.

9 Did I read that correctly?

10 A. I believe you called it the Ohio
11 State program and folks from Ohio have a big
12 difference between Ohio University and Ohio
13 State. So just to clarify, it's Ohio
14 University. You did read that sentence
15 correct.

16 Q. I apologize. Okay. So it was
17 effective in reducing the rate of sexual
18 victimization, correct?

19 A. So that was the 2015 study, and I
20 was a part of writing the grant for that
21 study, administering it, it was very complex.
22 So when we look --

23 Q. Doctor, I'm just asking --

24 (Cross-talk.)

25 Q. Doctor --

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2 A. To be very clear, some rates went
3 up, some rates went down.

4 (Cross-talk.)

5 Q. But you know that here that --
6 although that, you know, it was somewhat
7 equivocal, recent iterations you said reduced
8 rates of sexual victimization, correct?

9 A. Only for some groups of women.

10 Q. And so that's the thing, right,
11 with sexual assault prevention, there is no
12 failsafe measure that is going to reduce
13 sexual assault by a hundred percent, correct?

14 A. In all the programs that have been
15 evaluated so far, we have folks in the sample
16 that have continued to experience
17 victimization or go on to perpetrate even
18 despite participation.

19 Q. I'm not talking about this program
20 now, I'm just focused on comprehensive
21 strategy to reduce sexual assault. There
22 isn't a one-size-fits-all approach to
23 reducing sexual assault, correct?

24 A. We do not have -- we do not have a
25 silver bullet, if you will. There is not a

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2 strategy.

3 Q. Correct. However, if there are
4 effective measures that can reduce sexual
5 assault some, it makes sense to implement
6 those measures, correct, even though it's not
7 a hundred percent reduction in sexual
8 assault?

9 MS. CARITIS: Form.

10 A. It's real question of feasibility,
11 right. So the program here, this EAAA
12 program that does have --

13 Q. Doctor, I'm not focused on this
14 document. We can take this down.

15 I'm just talking generally about
16 effective measures to reduce sexual assault
17 was my question.

18 A. Yeah. If it was feasible to give
19 the EAAA program to every girl --

20 Q. Doctor, we're not talking about the
21 EAAA program right now, Doctor. I'm just
22 saying, if there are effective measures that
23 can reduce sexual assault some, it makes
24 sense to implement those measures even though
25 they won't eradicate sexual assault by a

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2 hundred percent, right?

3 MS. CARITIS: Form.

4 A. It goes back to this question, if
5 anything might work, should we do it? Bring
6 this back to specifically with the Valliere
7 report, which I was asked to review, I
8 disagree with the information provided in the
9 report that there was an effective prevention
10 strategy that Uber was aware of that they --
11 that they could implement.

12 Q. Doctor --

13 MS. LUHANA: Non- -- I object as
14 nonresponsive.

15 Candida, can you just read my
16 question again so the doctor hopefully
17 can answer it.

18 (Referred to portion of the record
19 was read back by the court reporter.)

20 A. So this is a hypothetical. It
21 would depend on what that measure was and
22 also what its risk for harm was.

23 Q. Women2Women matching, that's a
24 measure that Uber has taken in a couple
25 cities now. And predominantly the offenders

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2 are men who are committing sexual assault
3 against women. So that's a measure that can
4 be utilized to eliminate some sexual assaults
5 on the platform, correct?

6 MS. CARITIS: Form. Scope.

7 A. I'm not aware of specific data on
8 the Women2Women approach.

9 Q. Have you looked at documents
10 talking and discussing the Women2Women
11 approach?

12 A. I've seen it cited as one strategy
13 that's discussed in the Valliere report, yes.

14 Q. So utilizing the Women2Women
15 approach would be one approach to reduce
16 sexual assault on Uber right?

17 A. It would depend on its
18 effectiveness, and without knowing the
19 effectiveness and also the risks associated
20 with it, I can't speak on that right now.

21 Q. What are the risks associated with
22 it, Doctor?

23 A. I'm not -- I can't speculate on any
24 potential risk, but any prevention strategy
25 that we look at, we look at potential

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2 iatrogenic effects.

3 Q. So you're not speculating on this
4 right now, I understand.

5 Okay. Doctor, you testified that
6 you didn't review all the documents that
7 Dr. Valliere relied on on arriving at her
8 opinions on that report; is that right?

9 A. That's correct. I was provided
10 with all of the documents, I reviewed the
11 ones that were relevant to me in forming my
12 opinion.

13 Q. So your critique is only limited
14 to the ones that you believed were relevant
15 in informing your opinion, right?

16 MS. CARITIS: Form.

17 A. I have a very targeted -- targeted
18 report, so I'm sure there are documents that
19 I didn't review that also kind of are
20 associated with areas of the report that I
21 really don't speak to.

22 Q. So there may be depositions and
23 documents that you may have not reviewed,
24 right?

25 A. That's possible. I can't imagine

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2 with my knowledge of the scientific
3 literature that there is a document that
4 presents findings that suggests that there is
5 a sexual assault prevention program that is
6 effective in preventing assault.

7 Q. But Doctor, since you never read
8 them, those documents, you only read a subset
9 of documents, not everything Dr. Valliere
10 relied on, so since there is a subset of
11 documents that you didn't review from
12 Dr. Valliere's report, it would be fair to
13 say you have no way of knowing whether they
14 contained anything of importance, right?

15 MS. CARITIS: Form.

16 A. I disagree. There were sections of
17 the report that I didn't speak to because
18 they were beyond the scope. So documents
19 that were affiliated with that section of the
20 report, I don't believe those would be
21 relevant to my analysis which was very
22 specific to sexual assault preventive
23 measures.

24 Q. And so you wouldn't know if other
25 documents in her report contained important

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2 information related to the prevention of
3 sexual assault because you did not review
4 those documents; wouldn't that be a fair
5 statement, Doctor?

6 MS. CARITIS: Form.

7 A. There is no evidence that I'm aware
8 of in the scientific literature or otherwise
9 that suggests that we have the capability to
10 predict someone's behavior in the future. So
11 I disagree that there is likely something in
12 one of those documents that I didn't look at
13 because they weren't relevant to my report
14 that would have changed my opinion.

15 Q. But still there were some subset of
16 documents that Dr. Valliere relied on that
17 you didn't review, correct?

18 A. Yes, there are documents I did not
19 review.

20 Q. Doctor, you mentioned the typo
21 which was actually the Kirkland & Ellis
22 footer that was on page 12 of your expert
23 report, and you believe the way it got there
24 was because you sent a Word copy of your
25 report to defense counsel and then the PDF

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2 version had that footer there; is that right?
3 Is that what your testimony was?

4 A. Yes, that's correct.

5 MS. LUHANA: Can you please --
6 Counsel, we'd request that she produce
7 her final copy of her Word report
8 because there's a difference in what
9 was produced to us and apparently what
10 was produced to you, and so we want a
11 copy of that Word document.

12 MS. CARITIS: We object and we
13 won't be doing that, but we're happy
14 to talk about it, but we object.

15 Q. Doctor, when did you send that
16 final Word copy of the report to counsel?

17 MS. CARITIS: Asked and answered.
18 She already told you that.

19 A. So the last day I believe on my
20 invoice I have work documented on that is the
21 24th I believe. But I do not know the
22 precise date and time without looking at my
23 email.

24 Q. So October 24th is when you sent a
25 final Word copy to defense counsel of your

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2 report?

3 A. It -- the date that aligns with the
4 last day that I document work on the report,
5 yes.

6 Q. And the copy that you had sent
7 didn't have the Kirkland & Ellis footer on
8 page 12?

9 A. I don't believe so.

10 MS. LUHANA: Counsel, as I said,
11 we'd ask for a copy of the final Word
12 report.

13 MS. CARITIS: Yep, we object.
14 Unless you want to exchange drafts for
15 all of your experts, we object.

16 MS. LUHANA: It's not a draft
17 because she said she sent the final
18 over to you.

19 MS. CARITIS: Roopal, that's
20 clearly outside the scope. We'll talk
21 about it. It's also ridiculous. It's
22 a typo. But if you're gonna make a
23 stink about it, I'll take it back to
24 my team and we can leave it at that.
25 I'm objecting on the record, I'll take

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2 it back.

3 MS. LUHANA: Okay. We'll discuss.

4 That's all the questions I have,

5 Doctor. Thank you for your time.

6 THE WITNESS: Thank you, all.

7 MS. CARITIS: Can we go off the
8 record?

9 THE VIDEOGRAPHER: The time is
10 23:07 UTC time. That concludes the
11 deposition. Thank you, everyone.

12 (Concluded at 6:07 p.m. Eastern Time)

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3 J U R A T

4

5

6 I, LINDSAY ORCHOWSKI, do hereby
7 certify under penalty of perjury that
8 I have read the foregoing transcript
9 of my deposition taken on the 11th of
10 November, 2025; that I have made such
11 corrections as appear noted herein in
12 ink, initialed by me; that my
13 testimony as contained herein, as
14 corrected, is true and correct.

15

16

17 _____
LINDSAY ORCHOWSKI

18

19 Subscribed and sworn to before me

20

21 This _____ day of _____, 20__.

22

23 _____
NOTARY PUBLIC

24

25

November 11, 2025

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2 -----I N D E X-----

3 WITNESS: LINDSAY ORCHOWSKI

4 EXAMINATION BY:
5 PAGE

6 MS. LUHANA 7

7 MS. CARITIS 357

8 MS. LUHANA 370

9

10 -----E X H I B I T S-----

11 NUMBER DESCRIPTION PAGE

12

13 Exhibit 1 Rebuttal Expert Report of 36
14 Lindsay Orchowski, Ph.D.

15 Exhibit 2 Notice of Deposition 36

16 Exhibit 3 Lindsay Orchowski, 56
17 Ph.D.'s Expert Witness
18 Invoice

19 Exhibit 4 Report of Veronique 110
20 Valliere

21 Exhibit 5 Bouncer v3 document, 269
22 Bates
23 UBER_JCCP_MDL_003231342

24 Exhibit 6 Sexual Assault 305
25 Resistance, Bystander,
and Men's Social Norms
Strategies to Prevent
Violence on College
Campuses: A Call to
Action

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2 (Index continued on next page.)

3 -----R E Q U E S T S-----

4
5 Copy of updated CV 117

6 Final copy of Word report 380

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2 C E R T I F I C A T E

3

4 STATE OF NEW YORK)
5 : SS.:
6 COUNTY OF RICHMOND)

7

8 I, CANDIDA BORRIELLO, a Stenographic
9 Court Reporter and Notary Public for and
10 within the State of New York, do hereby
11 certify:

12 That the witness, LINDSAY ORCHOWSKI,
13 whose examination is hereinbefore set forth
14 was duly sworn and that such examination is a
15 true record of the testimony given by that
16 witness.

17 I further certify that I am not
18 related to any of the parties to this action
19 by blood or by marriage and that I am in no
20 way interested in the outcome of this matter.

21 IN WITNESS WHEREOF, I have hereunto
22 set my hand this 13th day of November, 2025.

23

24

25



CANDIDA BORRIELLO

November 11, 2025

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2 ERRATA SHEET FOR THE TRANSCRIPT OF:

3 Case Name: IN RE UBER LITIGATION

Dep. Date: NOVEMBER 11, 2025

4 Deponent: LINDSAY ORCHOWSKI

5	Pg.	Ln.	Now Reads	Should Read	Reason
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
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19	_____	_____	_____	_____	_____

20

LINDSAY ORCHOWSKI

21

SUBSCRIBED AND SWORN BEFORE ME,

22

This____ day of_____, 20__.

23

24

Notary Public

25

My Commission Expires:_____